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DIRECTOR OF MEDICAL
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FINANCIAL YEAR 1955 - 56



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refers to the calendar year 1955.

I. GENERAL

Introductory Remarks.

1. The period under review, April 1955 to March 1956, has again been one of sustained effort against ever increasing pressure of work but has been marked by definite progress and achievement. Nowhere has there been any slackening off and nearly all sub-departments report still further increases in activity and, where the limits of capacity and endurance have been reached, describe an ever increasing demand which they are unable to meet.

General Notes on the Health of the Colony.

2. Once again the Colony remained entirely free of the six major internationally quarantinable diseases, namely, cholera, plague, smallpox, relapsing fever, typhus and yellow fever. There was a slight rise in the number of communicable diseases notified as compared with 1954 but fewer deaths from those causes. The situation in regard to typhoid fever is particularly encouraging, the number of cases notified during 1955 being the lowest recorded since 1950, and the number of deaths, 58, is the lowest figure recorded since 1946. There is still a disappointingly high incidence and mortality, particularly amongst young children, from tuberculosis, diphtheria, both primary and secondary pneumonias and gastro-enteritis. Following the definite halt to the steadily rising incidence of diphtheria reported last year, 1955 has seen a substantial decrease in both cases notified and mortality from this disease following the intensive mass immunization campaigns of the past three years. Tuberculosis, however, continues to be the major health problem and while the present economic conditions and gross overcrowding continue, there is little prospect of achieving any substantial improvement. The death rate from tuberculosis, although falling steadily under modern treatment, is still several times higher than that of the United Kingdom. A distressing

feature of this disease in Hong Kong is that about one-third of the deaths from it occur in children under five years of age, an index of the social and economic conditions. Amongst adults an unusually high percentage of deaths occur in males, probably a reflection of the abnormal sex distribution of the population as well as of the economic stresses. The control of leprosy has shown increasingly good results and progress has been made in the organized rehabilitation of cases in which the disease has been effectively arrested. Special attention was again given during the year to anti-enteric measures and towards increasing vaccination protection against smallpox. An interesting preliminary piece of research was done with the co-operation of the University of Malaya on the prevalence of the various types of poliomyelitis virus in the Colony. Results seem to indicate that the poliomyelitis virus is very wide-spread, particularly type 2 virus, and that apparently some 75 per cent of the population have been naturally immunized against this disease in early childhood. These observations must be regarded as subject to further study before they can be accepted as confirmed. They do indicate however that great caution must be used before introducing any form of mass vaccination as there would appear to be some risk of precipitating active disease in latent cases.

Natural Increase of Population.

3. The number of births once again exceeded all previous records, being in excess of ninety thousand for the first time in the history of the Colony and showing an increase of almost 9 per cent on the number of births recorded for 1954, the highest figure ever previously recorded. There were 203 fewer deaths from all causes at all ages than in 1954 and in consequence, the natural increase of the population *i.e.* the excess of births over the total number of deaths from all causes, was 71,431 or very nearly a net increase in the population of 200 each day of the year. This particular aspect of the health of the Colony, although gratifying in some respects, is posing fresh problems of health and severely taxing all the resources of the Colony.

General Environmental Conditions of Health.

4. There have been as usual a number of fires in squatter areas which produced acute problems of sanitation, relief and rehabilitation. The development of industry in the New Territories particularly at Tsuen Wan, continued to be an ever increasing problem and constant vigilance is necessary to maintain even minimal standards of public health. These factors plus the persistent severe shortage of water have been a cause for considerable anxiety during the year and continue to be so. On the other hand, the control of the slaughter of animals for food in the New Territories has been brought under better control with the appointment of trained Government overseers to the two approved slaughter houses, while in the remoter rural areas, sanitation has been improved by an increasing use of aquaprivies.

5. Steps are now being taken to improve the housing situation and considerable progress has been made but it will be some time before any improvement can be expected to reflect in the health statistics. Although thousands of people have now been accommodated in reasonably healthy housing, even more still remain herded together in insanitary congestion, where in some cases as many as 80 persons may be sharing one kitchen with one tap which may, when restrictions are at their worst, deliver water for only $2\frac{1}{2}$ hours in the 24, and one latrine which, when it is a flushing water closet, is often rather worse than a dry pan latrine because of the shortage of water. Under these conditions it is not surprising to find diseases of congestion such as tuberculosis, diphtheria, measles, pneumonia, etc., and diseases associated with dirt, such as gastro-enteritis and the enteric fevers, stubbornly persisting and taking toll in human lives and vitality. However, in spite of the many difficulties and severe handicaps, it is possible to report that the Colony has enjoyed in general a gratifyingly high level of health during the period under review.

Legislation.

6. The following legislation was enacted during the year 1955-56:—

Ordinances:

- (a) Quarantine and Prevention of Diseases (Amendment) Ordinance No. 38 of 1955.
- (b) Penicillin (Amendment) Ordinance No. 50 of 1955.
- (c) Public Health (Sanitation) (Amendment) Ordinance No. 54 of 1955.
- (d) Dentists Registration (Amendment) Ordinance No. 55 of 1955.
- (e) Mental Hospital (Amendment) Ordinance No. 56 of 1955.
- (f) Public Health (Sanitation) (Amendment) (No. 2) Ordinance No. 62 of 1955.
- (g) Miscellaneous Licences (Amendment) Ordinance No. 64 of 1955.

Orders, Rules, Regulations and By-laws:

- (a) Domestic Cleanliness and Prevention of Diseases (Amendment) By-laws (G.N.A. 37 of 1955).
- (b) Disease Prevention (Food and Drinks) (Amendment) By-laws (G.N.A. 87 of 1955).
- (c) Prevention of the Spread of Infectious Diseases Regulations (G.N.A. 95 of 1955).
- (d) Dangerous Drugs (Amendment of Schedule) Order (G.N.A. 104 of 1955).
- (e) Public Bath-House (Amendment) By-laws (G.N.A. 108 of 1955).
- (f) Penicillin (and other substances) (Amendment) Regulations (G.N.A. 112 of 1955).
- (g) Mental Hospitals (Amendment) Regulations (G.N.A. 114 of 1955).
- (h) Poisons (Amendment) (No. 2) Regulations (G.N.A. 127 of 1955).
- (i) Poisons List (Amendment) (No. 3) Regulations (G.N.A. 128 of 1955).

- (j) Miscellaneous Licences (Amendment) Regulations (G.N.A. 1 of 1956).
- (k) Penicillin (and other substances) (Amendment) Regulations (G.N.A. 4 of 1956).
- (l) Dentists (Registration and Disciplinary Procedure) Regulations (G.N.A. 10 of 1956).
- (m) Dangerous Drugs (Amendment) Regulations (G.N.A. 21 of 1956).

Action was instituted to effect revision of the following legislation during the year 1955-56.

1. Midwives Regulations.
2. Medical Registration Ordinance.
3. Nurses Registration Regulations.
4. Quarantine & Prevention of Disease (Scale of Charges) Regulations 1951.

Work continued on the framing of the Radio-active Substances Bill, and on the Building Ordinance and Regulations.

Expenditure.

7. The Medical Department's actual expenditure for the financial year ending 31st March 1956 was \$27,002,382.89 but to obtain a true figure of the Government's expenditure on medical services a further \$6,205,682 should be added to this. This sum was paid to the voluntary organizations in the Colony that provide hospital and other public health services. These include the Anti-Tuberculosis Association (\$600,000), the Mission to Lepers Hong Kong Auxiliary (\$480,000), the Tung Wah Group of Hospitals, which receives the main subvention of \$4,928,459, and other smaller institutions such as the Alice Ho Miu Ling Nethersole Hospital which receives a subvention of \$111,700. Combined expenditure on account of the Medical Department and medical subventions was approximately 8.3% of the Colony's total actual expenditure.

II. ORGANIZATION AND ESTABLISHMENT

General.

8. For the purposes of administration the Government Medical Department is divided into two major divisions designated respectively the Health Division and the Medical Division, both headed by an Assistant Director. The Health Division comprises the services designed to promote health and prevent ill-health while the Medical Division comprises the curative and investigative services and the Auxiliary Medical Service.

Health Division.

9. The Health Division provides the following services: advice on hygiene and sanitation; an epidemiological service (designed to prevent the spread of preventable diseases such as vaccination and other forms of immunization and advice); a Port Health Service (controlling the risk of importation of diseases and generally supervising the hygiene conditions of the harbour and air port); an Anti-Tuberculosis Service (detecting and treating cases and endeavouring to introduce methods of control and prevention); an Anti-Malarial Service (for the prevention and control of malaria); a Social Hygiene Service for the control and treatment of venereal diseases and, as an off-shoot but quite separate, a service for the treatment of leprosy at special out-patient clinics; a Maternal & Child Health Service (seeking to preserve and promote the health of mothers and young children); a School Health Service (to preserve and promote the health of school children and control the hygiene of school premises); health education for all types and levels of the population and—recently introduced but not yet fully organized—an Industrial Health Service (to protect and promote the health of workers in industry). Each of these services constitutes a sub-department under the direction of a Medical Officer specially trained for the purpose and experienced in that particular kind of work.

10. The responsibility for general environmental health conditions in the city areas is shared with the Urban Services

Department under the administration of the Urban Council. The Director of Urban Services is the Chairman of the Council and the Assistant Director of Health Services the Vice Chairman and professional adviser on health matters to the Council. The city is divided into two areas (Hong Kong Island and Kowloon) and a supervisory Health Officer is appointed to each area. The Health Officers' work is co-ordinated and supervised by the Senior Health Officer who is concurrently Secretary of the Health Staff Committee, an unofficial consultative body comprised of officers of the Health Division and of the Urban Services Department. In this way a close liaison is maintained with the Urban Council and Urban Services Department at all levels. Also now, through the Industrial Health Officer, liaison is maintained with the Labour Department.

Medical Division.

11. The Medical Division provides hospitals for acute and chronic cases, mental cases and communicable diseases; specialist services in various branches of surgery, obstetrics and gynaecology, medicine, radiology, eye diseases and dentistry and a very large general out-patient service. Supervision of these out-patient clinics is shared between the Senior Medical Officer and the Senior Health Officer, the Senior Medical Officer being in charge of those clinics, which, broadly speaking, concentrate on the treatment of diseases while the Senior Health Officer controls the clinics where preventive and promotive health work is carried out. The various investigative services, the Pathological Institute, the Chemical Laboratory and the Forensic Medical Laboratory also come under this division for purposes of general administration as likewise do the ancillary medical services, pharmaceutical and dispensing service, almoning service, physiotherapy, occupational therapy, and the Auxiliary Medical Service. The investigative services naturally do a great deal of work for the health division, for the Urban Services Department and also for other Government departments, *e.g.* the production of vaccine for the use of the health division and the Department of Agriculture, Fisheries & Forestry, the analysis of a great number of samples of food, water and chemicals etc. In addition to the purely Government

institutions the Medical Division is also responsible for maintaining liaison with Government assisted hospitals and institutions, voluntary organizations, and the training programme of all medical, nursing and ancillary personnel.

Establishment.

12. The official establishment staffing and operating the services outlined above consisted of:—

Specialists (excluding University Consultants).	11
Doctors (including administrative staff)	257
Nursing Staff	921
Other Professional and Technical Staff	220
Other Staff	2,337

A table setting out the figures in detail is attached at Appendix 1.

Professional Registers.

13. Medical and dental practitioners together with pharmacists, nurses and midwives are required by Ordinance to be registered before practising their professions in the Colony. The Director of Medical & Health Services is the *ex-officio* chairman of the Boards constituted under the respective Ordinances. The numbers of persons registered under these Ordinances during the year was as follows:—

Registered Medical Practitioners	504
Registered Dentists	338
Registered Pharmacists	49
Registered Nurses	834
Registered Midwives	908

(The above figures do not include the Armed Services' or Government personnel.)

III. HEALTH DIVISION

Hygiene and Sanitation.

14. *Urban Areas.* The maintenance of efficient sanitary services is the basic requirement when dealing with increasing population and severe overcrowding. The clearing of squatters

and their resettlement continued to make good progress. A number of fires again broke out in squatter areas (6 on Hong Kong Island and 12 in Kowloon) necessitating the urgent provision of temporary health services for the homeless. Increased supervision of licensed food premises was maintained to ensure reasonable standards of hygiene. In some instances it was found that the methods of transport and handling of ice cream products was hygienically unsatisfactory—a number of samples taken showed contamination with pathogenic bacteria. One prosecution in this connexion resulted in a fine of \$500.00. Two major outbreaks of food poisoning occurred during the year, both involving food prepared in institutional kitchens serving large numbers. In one outbreak, affecting 28 men, pathogenic staphylococci were isolated from ham and cheese sandwiches prepared by a pantry boy and a sick waiter both of whom showed the same organisms in cultures from their nose and throat. The other outbreak involved 24 persons in a relief camp. *Bacillus proteus* was isolated from the food remnants. In addition to these, a case occurred in Kowloon in which 9 out of 10 persons died after being poisoned with parathion, an organic phosphorous insecticide, ingested with a savoury soup. The sale of this insecticide has now been placed under strict control by the Government.

15. Special studies carried out by Health Officers and the Health Inspectorate during the year included the following:—

- (a) A survey of food canning factories in Kowloon—this followed complaints of poor quality canning received from nearby importing countries in South East Asia.
- (b) A survey of creches and similar institutions in the Colony and observation of them for one year with a view to formulating future legislation.
- (c) A campaign to improve general sanitation in Stanley—action was taken especially to control fly breeding, illegal pigsties, and sumps.

16. *Rural Areas.* The continuing rapid expansion of industry and suburban housing in the New Territories is still

causing considerable difficulty in providing parallel public health services as the health staff is insufficient and too thinly spread. Sha Tin and Cheung Chau received government mains water supply for the first time during the year.

17. The work of Maternal and Child Health Centres showed a considerable increase and reveals a gradual appreciation of their value by people of the remoter villages.

18. A semi-official census of the population was undertaken by the Rural Committees on behalf of the District Administration. Figures resulting, though not yet complete, have given useful information on the age and sex distribution, especially in Tsuen Wan.

Epidemiology.

19. Though the total of 18,142 notifications of infectious diseases received in the year was higher than in 1954 the increase is entirely attributable to the rise in the number of Tuberculosis notifications.

20. Deaths due to infectious diseases were, however, fewer than in the previous year. The mortality rate for communicable disease has been dropping steadily since 1950 as is shown in the following table:—

TABLE 1

Year	Total No. of Infectious Disease Cases	Deaths from Infectious Disease	Mortality %
1950	12,532	3,800	30.3
1951	18,162	4,598	25.3
1952	19,938	4,060	20.3
1953	17,319	3,348	19.3
1954	17,008	3,276	19.2
1955	18,142	3,095	17.1

21. There has been a satisfactory decrease in the intestinal group of these diseases, particularly enteric fever. Preventive measures against this disease received special attention throughout the year: supervision of eating houses and food handlers, tracing and checking of typhoid carriers, inoculation campaigns and health education combined with sanitary housing in resettlement areas all helped to reduce the incidence and deaths due to typhoid fever to the lowest recorded since 1950.

22. Diphtheria notifications also showed a considerable decrease of 23.9% compared to 1954. The case mortality rate of this disease was 8.45%, the lowest so far recorded. An anti-diphtheria inoculation campaign directed at children between 6 months and 10 years of age showed good results: a total of 99,448 first doses, 83,647 second doses and 46,144 "booster" doses was given in the year.

23. 51 cases of acute poliomyelitis with 3 deaths were notified. This compares favourably, as regards mortality, with 49 cases and 9 deaths the previous year. 26 of the cases occurred in the month of June, and 16 cases were non-Chinese—mostly Services personnel or their families.

24. The incidence of Scarlet Fever, a rare disease in the Colony, was a good deal higher than previously recorded. Most of the cases were of a mild type and 40% of them occurred in non-Chinese.

25. 3 cases of rabies occurred in the New Territories. None had received any prophylactic treatment as they were not reported until symptoms had developed and all died soon after admission to hospital, when the diagnosis was confirmed by laboratory examination. There were 11 cases of animal rabies. Persons bitten by these animals were traced, all completed a full course of prophylaxis and none developed the disease.

26. Appendix 2 shows a detailed list of notifications and deaths from infectious disease in 1955.

Port Health.

27. The Port Health administration is responsible for the prevention of the import of quarantinable diseases into the

Colony. The work is controlled by the provisions of the International Sanitary Conventions as embodied in the amended Quarantine and Prevention of Diseases Ordinance.

28. During 1955 4,073 ships carrying 54,651 passengers and 225,932 crew members were inspected on arrival in the marine quarantine anchorages. At Kai Tak Airport passengers and crews landing from infected airports are examined. 874 aircraft with 25,118 passengers and 6,210 crew members were inspected during this same period. Routine spraying with insecticide of these planes is carried out before arrival. In the frontier quarantine post at Lo Wu 113,871 arrivals by train were inspected as they entered the Colony, and of these 76,954 were vaccinated against smallpox by Port Health staff.

29. A fumigation service for ships and for outgoing cargo to destroy rats and other pests is provided. Though the use of cyanide is increasing, sulphur dioxide still remains the most commonly used agent for this purpose. In the year, 1,050 dead rats were recovered following fumigation of 72 ships, 25 with cyanide and 47 with sulphur. 134 deratting exemption certificates were also granted after inspection of ships.

30. 3 centres are maintained to issue official certificates of vaccination and inoculation required for international travel. The centres also provide free prophylactic vaccinations and inoculations for the general public.

31. A constant check is maintained on the purity of drinking water supplied to shipping. Bacteriological examination is made of samples taken weekly from all water boats and dock hydrants. 47 samples out of a total of 527 taken during 1955 did not conform to the required standard of purity, and of 82 samples taken on request from ships' tanks 22 were below desirable standards.

Tuberculosis.

32. Tuberculosis is one of the principal causes of death in the Colony, accounting for 14.7% of all deaths. The estimated death rate is 120 per hundred thousand of population as compared with the figure of 126 for 1954. This is a continuation

of the steady fall which has taken place, with occasional interruptions, for many years. It is of interest to record that Hong Kong has not shared the sudden drop in tuberculosis mortality which has been recorded in Western countries since 1949. Despite the unsatisfactory housing and economic conditions the percentage of the total tuberculosis deaths occurring under the age of 5 years, has for the first time on record fallen below 30%, the fall being entirely due to a drop of almost 50% in the deaths from respiratory tuberculosis in this group. Tubercular meningitis on the other hand has shown a marked increase in mortality below 5 years as well as in other age groups.

33. The incidence of tuberculosis, as shown by the notifications, has shown a marked increase, the total recorded being, with the exception of 1952, the highest recorded. The Government Chest Clinics, now deal with almost 70% of the total notified cases of tuberculosis.

	1954	1955
Government Chest Clinics	7,693	9,843
Other Government Institutions	1,788	1,434
Non-Government Institutions	2,474	2,352
Private Practitioners	553	519
	<u>12,508</u>	<u>14,148</u>

34. Of the total tuberculosis notifications, 13,251 relate to disease of the lungs, analysis of which indicates a peak prevalence in the 25 - 29 age group, with, except in infancy and old age, a preponderance in males of two to one.

35. The Medical Department operates 2 full time central clinics and 7 branch clinics each holding one session per week in the principal population centres. All diagnostic and therapeutic work is free of charge. The increase in attendances in 1955 has been so great as to make restriction on the intake of new patients necessary until additional facilities are available.

36. Attendances at branch clinics increased to almost two and a half times the previous year's figure.

Attendances		1954	1955
New Cases	{ Main Clinics	35,738	37,789
	{ Branch Clinics	1,273	2,272
Revisits	{ Main Clinics	181,794	304,231
	{ Branch Clinics	6,675	16,195
Total		225,480	360,487

37. A surgical chest clinic is now operated once a week for patients advised to have surgical treatment for their pulmonary condition and an orthopaedic tuberculosis clinic was also commenced during the year for the benefit of patients found to have bone and joint complications of pulmonary tuberculosis.

Treatment.

38. (a) *Ambulatory.* In view of the very limited number of hospital beds available for tuberculosis cases in the Colony, ambulatory chemotherapy must be adopted as the principal method of out-patient treatment. The average duration of this type of treatment is about 9 months, and it has shown good results on selected cases.

Category	1953	1954	1955
Completed treatment	1,024	2,018	3,386
Still under treatment	485	1,226	2,824
Failed to complete treatment	266*	380*	852
Admitted to hospital after preliminary treatment.....	—	—	266

* Includes those admitted to Hospital before completion of treatment.

39. (b) *Hospital Treatment.* The Medical Department maintains 318 beds for tuberculosis cases. These beds are all in several multi-purpose general hospitals, as there is no separate Government Tuberculosis Hospital. There is a very long waiting list for admission. During 1955, 507 patients

were admitted, the “bed turnover” figure being 1.6. Treatment by major surgical procedures increased substantially: 115 thoracoplasty operations were undertaken compared to 79 in the previous year.

Prevention.

40. In addition to therapeutic work, preventive measures against tuberculosis are carried out on a considerable scale. These measures are:—

- (1) B. C. G. vaccination.
- (2) X-Ray surveys.
- (3) Contact examinations.
- (4) Health Education and social assistance.

B.C.G. Vaccination.

41. The emphasis now is on the vaccination of new born infants within a few days of birth for whom no preliminary testing is needed. A special strength vaccine is inserted by multi-puncture. A total of 25,362 vaccinations were done in the year of which 9,587 were for infants. This is a little over 10% of all babies born in the Colony but it is hoped that this figure will rise with increased appreciation by the public of the value of this measure.

X-Ray Surveys.

42. Surveys cannot yet be done for the general population because facilities to deal with the already known cases of tuberculosis are strained to the limit. Surveys are done for the following selected groups:—

- (1) Government employees (on recruitment and annually);
- (2) Private firms and institutions;
- (3) Prisoners in H.M. Prisons;
- (4) School teachers.

Government Employees.

43. The following table shows results from surveys in the last 3 years:—

TABLE 2

Year	1953	1954	1955
Number X-rayed	24,915	26,255	26,574
Number examined at Clinics	2,746	3,282	3,751
Percentage incidence of active T. B.	0.722	1.017	1.272
New cases of active T. B. found	64	101	77

44. The figure for the incidence of active disease is the highest yet recorded but, of the 77 new cases found 57 were of minimal extent. The present general trend in tuberculosis is one of high morbidity with reduced mortality.

Private Firms and Institutions.

45. Surveys are carried out free of charge on the condition that employees found to have tuberculosis will be given sick leave with pay on an agreed scale. 9,182 persons in this group were X-rayed during 1955 and 100 were found to have active disease—a percentage incidence of 1.2% which compared favourably with the previous year's figure of 1.67% and agrees almost exactly with the percentage of active disease found in government servants.

H.M. Prison, Stanley.

46. Overcrowding at Stanley Prison necessitating more than one prisoner in a cell has made it advisable to X-ray all prisoners. The incidence of tuberculosis is high. In 1955, 359 cases were found among 3,613 prisoners examined.

School Teachers.

47. In view of the potential danger to children in contact with teachers suffering from tuberculosis, surveys of this group

are undertaken annually in the case of government school teachers and on first appointment for private school teachers. In 1955, 36 teachers were found unfit to teach on account of pulmonary tuberculosis. Priority treatment is offered for these cases.

Contact Examination.

48. Contacts of known cases of tuberculosis are examined in two age groups, those over 8 years and those below. The latter have a preliminary tuberculin test with B.C.G. vaccination if found negative.

49. The results of contact examinations made in 1955 are shown in the tables below:—

TABLE 3

(1) Under 8 years of age			
Tuberculin Tested	Total	No. Positive	No. Negative
	3,443	2,295	1,148
Positive Test Cases (2295)	Active tuberculosis	Inactive tuberculosis	Free from tuberculosis
	157	308	1,830
Percentage found with active tuberculosis 4.55%			

(2) Over 8 years of age	
Active tuberculosis	451
Inactive tuberculosis	228
Under observation	452
Free from tuberculosis	8,380
Total	9,511
Percentage with active tuberculosis 4.75%	

Total No. of Contacts of all ages	12,954
Percentage incidence of active tuberculosis	4.69%

Health Education and Social Assistance.

50. A staff of almoners and tuberculosis visitors undertake ever increasing duties in the clinics and in homes of patients. Each diagnosed case is interviewed regarding details of the financial and social status and home and family circumstances. Material assistance is given in several ways, such as weekly grants of cash for patients obliged to give up work in order to undergo treatment, rehabilitation grants and the issue of milk powder and other foods to patients and their families.

51. Health Education is an important function of tuberculosis visitors and is especially effective as part of their home visiting programme.

Malaria.

52. In 1955 only 431 cases of malaria with 9 deaths were recorded in the Colony. With a population of approximately $2\frac{1}{2}$ million at risk in a potentially highly malarious area this is a satisfactory figure, justifying the constant control work which is carried out.

53. Protected areas where active control work is continuous, embrace the whole of Hong Kong Island, Kowloon, New Kowloon and selected sites in the New Territories. The latter include the Tai Lam Chung reservoir area, Rennie's Mill Camp, Cheung Chau Island, and the Welfare Centre for the physically-handicapped at Shap Long on Lantau Island.

54. Throughout the year surveys were carried out in the New Territories. Spleen and blood examinations for over 5,000 children aged up to 10 years revealed an overall spleen rate of 2.74% and a parasite rate of 1.07%.

55. Recent investigation has shown that since the re-introduction of compulsory notification of malaria in June 1950, cases occurring in the unprotected areas had not been fully reported.

56. Corrected notifications for the past 6 years are now shown in the table below:—

TABLE 4

Year	1950	1951	1952	1953	1954	1955
Notified Cases	502	526	1,010	780	475	229
Unreported Cases	50	230	295	119	383	202
Total No. of Notifications (Corrected).....	552	756	1,305	899	858	431

Leprosy.

57. The treatment of leprosy in Hong Kong is unusual in that in most countries segregation in a leprosarium is compulsory and treatment more or less voluntary, but here admission to the leprosarium is purely voluntary and offered only to selected patients in need of special hospital treatment. The vast majority of patients are treated at out-patient clinics and rendered non-infective as quickly as possible by modern treatment, *i.e.* the emphasis is on treatment and not on segregation. This is justified by the fact that it has now been established that the infectivity of leprosy is extremely low. If young children could be effectively protected against risk of exposure to infection, the disease would probably die out in the course of a generation or two.

58. Four new clinics were opened during the year, making a total of 7. There were 22,012 attendances at these clinics in 1955 and 762 new cases were recorded. 98 patients were admitted on a voluntary basis to the leprosarium administered by the Mission to Lepers on Hayling Island. Also 174 cases of leprosy were treated at Stanley Prison.

59. Familial contacts of all cases are examined and child contacts receive B.C.G. vaccination.

60. A recent modification of "Dapsone" (Avlo Sulphone Soluble) is being successfully used for cases that show intolerance to the original Dapsone, which is still normally employed. A treatment period of approximately 2 years is required to

render an infectious case non-infectious. The problem of the rehabilitation of cured lepers is a difficult one and their absorption into the general community is still hindered by prejudice.

Social Hygiene.

61. The incidence of venereal diseases shows an encouraging decline compared with the previous 2 years, particularly as regards syphilis:—

TABLE 5

Year	New Patients	Total Attendances	Total New Syphilis Cases
1953	37,392	213,091	6,969
1954	36,652	223,031	6,825
1955	34,853	203,701	4,232

62. A detailed analysis of cases recorded is shown at Appendix 3.

63. Admissions to hospital of cases of infectious syphilis were also greatly reduced as the following comparative returns show:—

TABLE 6

Year	Admissions to Hospital			
	Primary Syphilis	Secondary Syphilis	Early Latent Syphilis	Congenital Syphilis
1952	67	49	58	11
1953	28	17	66	10
1954	5	12	38	6
1955	1	2	34	8

64. In the campaign against congenital syphilis, routine ante-natal blood tests of expectant mothers were continued. During the year 23,719 tests were undertaken on behalf of such women attending Government clinics and midwives. The positive rate was 4.5%. Private midwives referred a total of

5,439 women for tests and the positive rate for these was 4.2%. Educational propaganda now appears to be having some effect particularly in the lessened incidence of cases showing complications when first reporting to clinics.

65. An investigation of non-gonococcal urethritis in males was started late in 1955. A viral aetiology of this condition has been postulated and this has been supported in Hong Kong by the findings of the Pathological Laboratory in cases before and after anti-biotic treatment. A special staining method (Macchiavello's) has been employed.

66. Follow up by letter or by visits of contact notifications and of defaulters from treatment was maintained with indifferent success. No contact notifications were received from private medical practitioners.

Maternal and Child Health Services.

67. The midwifery service operates from 18 centres from which 32 district midwives conducted 10,367 deliveries, 6,670 in the maternity beds of the centres and 3,697 as domiciliary cases. 126 still births were recorded, a rate of 12.1 per 1,000. 195 cases required to be referred to Government hospitals for special management of complicated childbirth. The average annual case load per midwife increased from 259 in 1954 to 323 in 1955, an extremely high figure by almost any standard. At Yuen Long one midwife delivered 738 cases!

68. A total of 105 maternity beds are available in 12 of the centres. 17 new beds have been added since last year, 14 in an extension to the Maurine Grantham Centre at Tsuen Wan and 3 in the Sai Kung Clinic. Midwives have now replaced Nurse/Midwives in all maternity homes in the New Territories with the exception of those at Sha Tau Kok and Silver Mine Bay. One temporary centre provided as an emergency measure for victims of a fire in a squatter area was closed down after resettlement of the squatters.

69. Private midwives work mainly in maternity homes and deliver over one third of all registered births in the Colony. There are 218 midwives in active private practice. Deliveries

in 1955 totalled 33,084 of which only 1,820 were domiciliary cases. There were 305 stillbirths, a rate of 9.21 per 1,000.

70. Ante-natal supervision is gradually becoming more appreciated and attendances are rising, although approximately 30% of deliveries are still of mothers who have received no ante-natal attention. In the year there were 19,961 attendances by 7,192 women, an average of 2.77 visits by each person. This compared well with the attendance rate of 1.31 per case recorded in the previous year. As regards private midwives a somewhat higher percentage of pregnancies are attended ante-natally, as is to be expected with a higher income group, and approximately 20% of births occur without prior supervision.

71. Supervision of all registered maternity homes and midwives is maintained by a system of regular visits by the Supervisor of Midwives. In 1955, 136 private maternity homes were on the register and 831 visits were made to their premises. The records and equipment of midwives are inspected annually.

72. Instruction in the technique of B.C.G. vaccination, now offered routinely for the new born, was given to 322 midwives by the B.C.G. team of the tuberculosis service at the Tsan Yuk Hospital and the Tung Wah Group of Hospitals. 71 private midwives also attended a post-graduate course in ante-natal care given at the Harcourt Maternal and Child Health Centre.

73. Maternal and Child Health Clinics provide care for children under 2 years of age. Regular supervision and advice is given and particularly directed to infant welfare. Most attendances are concerned with those under 1 year old. The whole emphasis is on the prevention rather than the treatment of established disease. 227,662 attendances by 16,089 children were recorded in the year, an average of 14.15 visits by each child.

74. Selected cases of families of the lowest income groups (less than \$100 per month) received supplementary meals at Maternal and Child Health Centres in groups of about 50 at a time. 35,366 meals of this type were served. Skimmed milk powder and soap supplied by U.N.I.C.E.F. continued to be distributed at centres to cases selected by Health Visitors.

75. Health Education is a most useful aspect of the work of these centres and clinics. Group talks, discussions, and demonstrations were organized and well attended. Home visits offer the best chance of health propaganda, which can be directed to actual conditions present in the living circumstances of an individual family. 22,487 such visits were made to homes in 1955.

76. The Maternal and Child Health team from the World Health Organization which had given valuable assistance during the previous 2 years on certain aspects of the Medical Department's Maternal and Child Health programme, completed its project in March 1956.

School Health Service.

77. The past year has seen this service unable to absorb all those new entrants to schools who wished to join and it has been necessary, owing to lack of staff and school clinic premises, to limit the numbers served. Since September, 1955, no new entrants have been accepted except from Government schools. The number of pupils participating in December 1955 was approximately 42,000 from 463 schools. The service provides medical examination on entry and at ages 7, 10, 12, 15 and 18 years. There are 4 school clinics which treat minor ailments and deal with cases referred to them from school health doctors, teachers, and parents. A new clinic at the Queen Elizabeth School was opened in November and is capable of expansion.

78. The following tables give the figures for the main activities of the service in 1955:—

TABLE 7

Medical Inspections of Pupils, 1955

New Entrants	16,012
Periodical Inspections	9,221
Re-inspections	42,302
Total	67,535

TABLE 8

Attendances at School Clinics, 1955

Attendances	General Clinics	Dental Clinics	Ophthalmic Clinics	E. N. T. Clinics
New Cases.....	70,536	16,560	4,281	1,866
Revisits.....	28,957	21,414	2,574	1,885
Total	99,493	37,974	6,855	3,751

79. The School Dental Service is virtually overwhelmed. A very large proportion of the new entrants are found to be in need of dental attention and in 1955, 79.18% of the 24,785 children dentally inspected at schools were referred for necessary dental work. In only 5.8% of the cases could treatment be completed to the extent that the patients could be classed as dentally fit.

80. Spectacles are provided free for children with refractive errors. 3,203 pairs were issued in 1955. Plastic frames of more cosmetic appeal are now provided in place of the original metal ones. To assist in simple refraction work 3 school medical officers have been trained by the Ophthalmic Specialist. Teachers from private, subsidized and grant in aid schools are also eligible to participate in the service.

81. Apart from preventive and clinical work the School Health Service is also responsible for the inspection of all schools in connexion with the hygiene and sanitation of their premises, the approval of plans for new schools from the Public Health aspect and for Health Education programmes in schools and Teachers Training Colleges. Inspection visits to premises in 1955 totalled 2,589. These included visits to 188 premises for which applications for new schools had been received.

Health Education.

82. Some results are forthcoming from general publicity given in the form of posters, pamphlets and films. Somewhat better results appear to come from mobile broadcasting vans in

conjunction with accompanying action such as immunization campaigns against smallpox, diphtheria and typhoid fever. The best results undoubtedly seem to be from home visits by health visitors, health inspectors, and nurses, when health education can be directed to conditions observed on the spot, and from talks to selected groups of persons,—for example, mothers attending ante-natal and infant welfare clinics, school children and teachers in training.

83. Statistics of work done by individual sub-departments in the year are difficult to present as a whole, but details of the methods employed and the attendances recorded by the Maternity and Child Health section are given at Appendix 4.

IV. THE MEDICAL DIVISION

General Survey of Hospitals.

84. There are 27 hospitals in the Colony, 11 of which are run by the Government. The other 16 are run by various private organizations, 7 of them receiving substantial financial assistance from Government in respect of the charitable services they offer. Details of the various hospitals and the beds and services they offer are attached at Appendix 5. Details of work done in Government hospitals and in the assisted hospitals classified according to the International Standard Classification (International list of 150 causes) are given at Appendix 6. Details of in-patients treated in all hospitals during the year are shown at Appendix 7.

85. The 11 Government hospitals provide a total of 1,983 beds, the Government assisted hospitals 2,280 beds and private hospitals 1,008 beds. In addition various Government Dispensaries provide a further 84 beds, practically all for maternity cases. There are therefore in the Colony a total of 5,355 beds for all purposes including mentally ill patients and for the isolation of infectious diseases. Excluding the 995 beds set aside for tuberculosis, the 141 beds provided for the mentally ill and the 751 beds reserved for the isolation of infectious cases there are therefore 3,468 beds available in the Colony for all

general purposes, medical, surgical, maternity and gynaecological, or 1.3 beds per thousand of population. In any community it is generally found that out of every thousand persons at least six are in need of hospital attention of some sort at any given time. In Hong Kong this would mean 15,000 beds, or 11,500 more than exist at present. The proposed new hospital in Kowloon now being planned will provide 1,300 additional beds or just over one tenth of what is required. If 9 more hospitals of the size of the new Kowloon Hospital could be built, then Hong Kong would have adequate provision of hospital beds for general purposes, but even this would not be adequate to meet the demands for the treatment of tuberculosis, the mentally ill, or for the treatment of infectious diseases.

Government Hospitals.

86. The 11 Government hospitals comprise 2 major general hospitals, 1 mental hospital, 2 maternity hospitals, 1 major hospital for long term cases with which is combined a section for the treatment of infectious diseases, 1 isolation hospital, 2 prison hospitals, 1 small hospital for the treatment of venereal diseases and the St. John Hospital on Cheung Chau on loan from the St. John Ambulance Association. The 2 major hospitals are the Queen Mary (593 beds) on the island, and the Kowloon Hospital (245 beds) on the mainland. The Queen Mary Hospital is the largest in the Colony at present and is the main teaching centre for medical students and nurses. These 2 hospitals cater for the acutely ill and are the main casualty hospitals dealing with injuries and accidents. The Mental Hospital with original provision for 140 beds only, is the only institution of this nature in the Colony, and houses never less than 300 patients at any one time, usually considerably more. It is antiquated and inconvenient and it will be replaced shortly with a larger modern institution now building at Castle Peak. The 2 maternity hospitals, both on the island, differ dramatically, the one, the Eastern Maternity Hospital being a small but exceedingly busy little 24 bed hospital attached to a dispensary originally built by the local Kai Fong many years ago and owing its excellent reputation largely to the devoted services of one individual doctor, while the other is the modern 200-bed Tsan

Yuk Hospital recently opened, built and equipped to the latest standards with funds donated by the Hong Kong Jockey Club. This hospital is the main training centre for medical students in obstetrics and gynaecology and the leading school for midwives, providing training facilities for 70 midwives at a time. The only other large Government hospital is situated on the mainland at Lai Chi Kok in adapted premises and provides 482 beds, 208 of which are reserved for tuberculosis cases, 94 for infectious diseases and the remainder for convalescent long term cases. This hospital does not normally cater for cases of acute illnesses other than infectious diseases, and accommodates patients requiring prolonged treatment usually transferred from one or other of the 2 major general hospitals. A large percentage of the work done is orthopaedic and it is at the moment the largest orthopaedic hospital in the Colony. The isolation hospital on the island is housed in antiquated premises, once part of the original Government Civil Hospital, in the most densely populated part of the city at Sai Ying Pun and officially provides 88 beds. It cannot be claimed to be ideal or even satisfactory but it renders very excellent service and the quality of work done is of the highest standard. This hospital is also used for the instruction of medical students. The 2 prison hospitals are located within the 2 prisons, Stanley (for men) and Lai Chi Kok (for women). They are small, the male prison hospital having 70 beds and the female hospital 11, but are generally found to be adequate. A considerable percentage of the work done is concerned with the treatment of tuberculosis and drug addiction. The Social Hygiene Hospital for women is located in Wanchai in renovated premises, once a private Japanese hospital, and provides 28 beds. With improved modern methods of treatment it is becoming less and less necessary to hospitalize cases of venereal disease but this little hospital still performs a very useful function and is tending to become more of a hospital for difficult skin diseases. The St. John Hospital on Cheung Chau, originally built for the St. John Ambulance Brigade but now run by Government by special agreement, serves as a rural general hospital for the local community and as a tuberculosis sanatorium for light or convalescent cases of tuberculosis. It provides 102 beds but

medical facilities are somewhat restricted and cases requiring major surgery or special attention are transferred to one or other of the major general hospitals.

Assisted Hospitals.

87. The Government subsidizes 7 hospitals run by private organizations. These are, the 3 hospitals of the Tung Wah Group, together providing 1,255 beds; the Alice Ho Miu Ling Nethersole Hospital run by the London Missionary Society and providing 256 beds; the Ruttonjee Sanatorium run by the Hong Kong Anti-Tuberculosis Association and providing 230 beds for the treatment of cases of tuberculosis: the Pok Oi Hospital at Yuen Long with 39 beds, run by a Board of Directors on the same basis as the Tung Wah Group of Hospitals, and the Hayling Island Leprosarium and Maxwell Memorial Hospital for the treatment of lepers, which is run by the Mission to Lepers. During the year this centre for the treatment of leprosy provided accommodation for 500 patients but this accommodation is being increased. With the exception of the 2 specialized hospitals the others all deal with general medical and surgical cases, the Tung Wah hospital being particularly useful and extremely overcrowded. The Tung Wah hospitals assist the Government hospitals by taking in a large number of long term patients and the maternity section of the Kwong Wah hospital is perhaps the most popular and by far the busiest in the Colony. Excellent schools of nursing and midwifery are conducted in the Tung Wah hospitals and also in the London Mission Hospital which recently added a large new block to their premises to handle maternity and gynaecological cases.

Specialist Services.

88. Government provides specialist services in medicine, surgery, obstetrics and gynaecology, ophthalmology, dermatology, radiology, tuberculosis, venereal diseases, dentistry and pathology. In addition the Professors of the clinical subjects of the University Medical Faculty offer consultative services in medicine, surgery, obstetrics and gynaecology, pathology and orthopaedics, the last being a service in which as yet Govern-

ment does not provide specialist attention although Government medical officers are in training with the intention of ultimately providing such service.

Medical and Surgical Services.

89. Close co-operation has been established between the Surgical Unit, the Medical Unit and the Department of Radiology. An out-patient clinic for patients suffering from thyroid diseases was run in conjunction with the University Medical Unit. This arrangement permitted of very careful assessment of patients and pre-operative medication, in consequence of which it was possible to effect considerable economy in the time spent in the hospital for pre-operative treatment. Similarly as a result of this close co-operation with the Medical Specialists, cases of splenic and allied diseases could be thoroughly investigated and followed up. Physicians had free access to the surgical wards to which such cases were admitted and attended operations. It is intended shortly to publish certain valuable observations which have been made possible as a result of this team work. Similarly as a result of close co-operation with the Department of Radiology and the University of Pathology more thorough control and investigation and treatment of cases of nasopharyngeal carcinoma was possible. As a sub-department the Thoracic Surgical Unit continued to provide a very good service in close liaison with the Department of Tuberculosis.

Obstetrical and Gynaecological Service.

90. The specialist Obstetrical and Gynaecological service on the island is provided by the University Unit at Queen Mary Hospital and Tsan Yuk Hospital. The Government Obstetrical and Gynaecological specialist is based at Kowloon Hospital and a large part of his work is concerned with out-patient clinics. The number of attendances at these clinics, although limited by the small number of beds available for admission and the limited operating theatre facilities, has continued to rise. The third class obstetric work is restricted mainly to Government servants and their dependents but abnormal cases referred from outside by private practitioners or other Government officers

are also accepted. The attendance of third class patients for ante-natal care is disappointing, largely owing to ignorance of the value of such care before birth, but also because the overcrowded state of the clinics tends to discourage attendance. This lack of ante-natal care is reflected in the maternal mortality figures.

91. All deaths in child birth encountered during the year in the Government obstetric service were emergency admissions that had received no ante-natal care and in addition 90% of the cases of eclampsia occurred among those who had neglected ante-natal supervision. It cannot be stressed too much that regular ante-natal care can lead to the relief of much minor suffering and to the prevention of serious complications. It must also be emphasized that post-natal care is also extremely desirable and can prevent much chronic ill health, which eventually requires gynaecological treatment. The attendance at the post-natal clinics also is not yet satisfactory.

92. During the year the Army established their own maternity services. This gave considerable relief to the Government obstetrical service, which has hitherto served the armed forces in addition to the civilian population.

Radiological Sub-Department.

93. The Radiological Sub-department comprises the following sections:—

1. Radiodiagnostic.
2. Radiotherapeutic.
3. Physics.
4. The Workshop.

Radiodiagnostic Section.

94. The total volume of diagnostic work handled by this section has again shown an increase. It dealt with 251,198 investigations in 1955 as compared with 233,563 in 1954. Part of the increase is due to the opening of the new Tsan Yuk Hospital in June 1955. In addition to the routine diagnostic

work this section trains its own student radiographers for the Society of Radiographers' examinations and Medical Officers in radiology. Within the year 3 student radiographers passed the qualifying examination for Membership of the Society of Radiographers.

95. At the Queen Mary Hospital research is being done on the "Radiology of the Biliary Tree" with the full co-operation of the Government Surgical Unit.

96. At the new Tsan Yuk Hospital research on the "Morphology of the Chinese Female Pelvis" is being conducted in conjunction with the Hong Kong University Obstetrical Department.

Radiotherapeutic Section.

97. This section treated 306 cases in 1955 as compared with 295 in 1954, but saw considerably more follow-up cases. Research in conjunction with the Government Surgical Unit and the University Department of Pathology is being done on the most prevalent cancer in this part of the world, nasopharyngeal carcinoma.

Physics Section.

98. The work of this section increased *pari passu* with the increase in activities of the Radiodiagnostic and Radiotherapeutic Sections, especially the latter. It consists of the following:—

1. Carrying out routine measures for the protection of radiological staff against radiation hazards.
2. Checking and calibration of radiological machines.
3. Assisting the radiotherapists in the planning of radiation treatment of their patients.
4. Lecturing to the student radiographers on radiological physics. Part of this work is at present undertaken by the University Physics Department pending the appointment of a hospital physicist.

5. Advising the Government on matters pertaining to the importation and use of radioactive substances and irradiating equipment for medical or industrial purposes in the Colony.

The Workshop.

99. This section is responsible for the maintenance and minor repair of all radiological and physiotherapeutic equipment within the sub-department. It also makes many gadgets and accessory parts for the various machines. By the ingenuity and industry of its staff a considerable saving has been effected.

Ophthalmic Service.

100. The expansion of the sub-department continued during the past year. During 1955, the Government eye clinics dealt with 64,060 attendances for treatment, of which 30,377 were new cases. The Violet Peel Clinic now occupies the whole top floor of the polyclinic giving much needed additional accommodation. During the year the Kowloon Hospital Out-patient clinic was transferred to the Arran Street, Mongkok, building kindly presented by the Rotary Club. Within half an hour of opening the clinic 93 patients presented themselves for treatment and attendances are running at 3,000 per month.

101. Considerable help was received from the Health section in countering two minor epidemics of acute conjunctivitis at the end of the year, especially in getting the public to bring their children promptly for treatment.

102. The number of out-stations visited by teams from the main centres was increased by one (Tsuen Wan) and an improvised "flying squad" was sent out to three places to operate upon cataract cases in the New Territories, with excellent results.

103. Some 2,065 operations were performed of the "major or intermediate" type: the majority being carried out in the out-patient theatres of the two main centres. Some 50% of the extractions of cataractous lenses (total 302) were carried out in this method of "office surgery". The rapid turn-over of

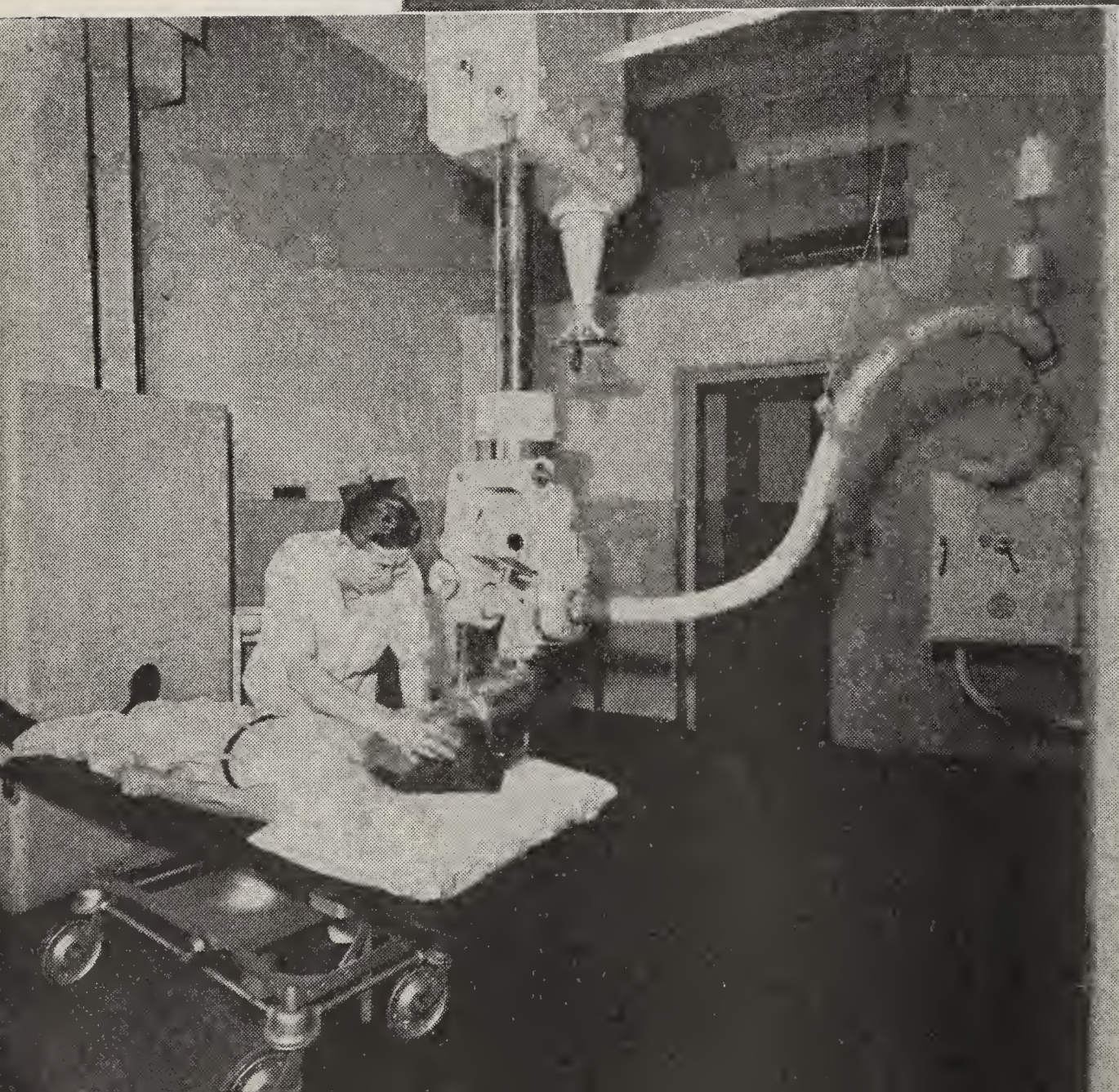
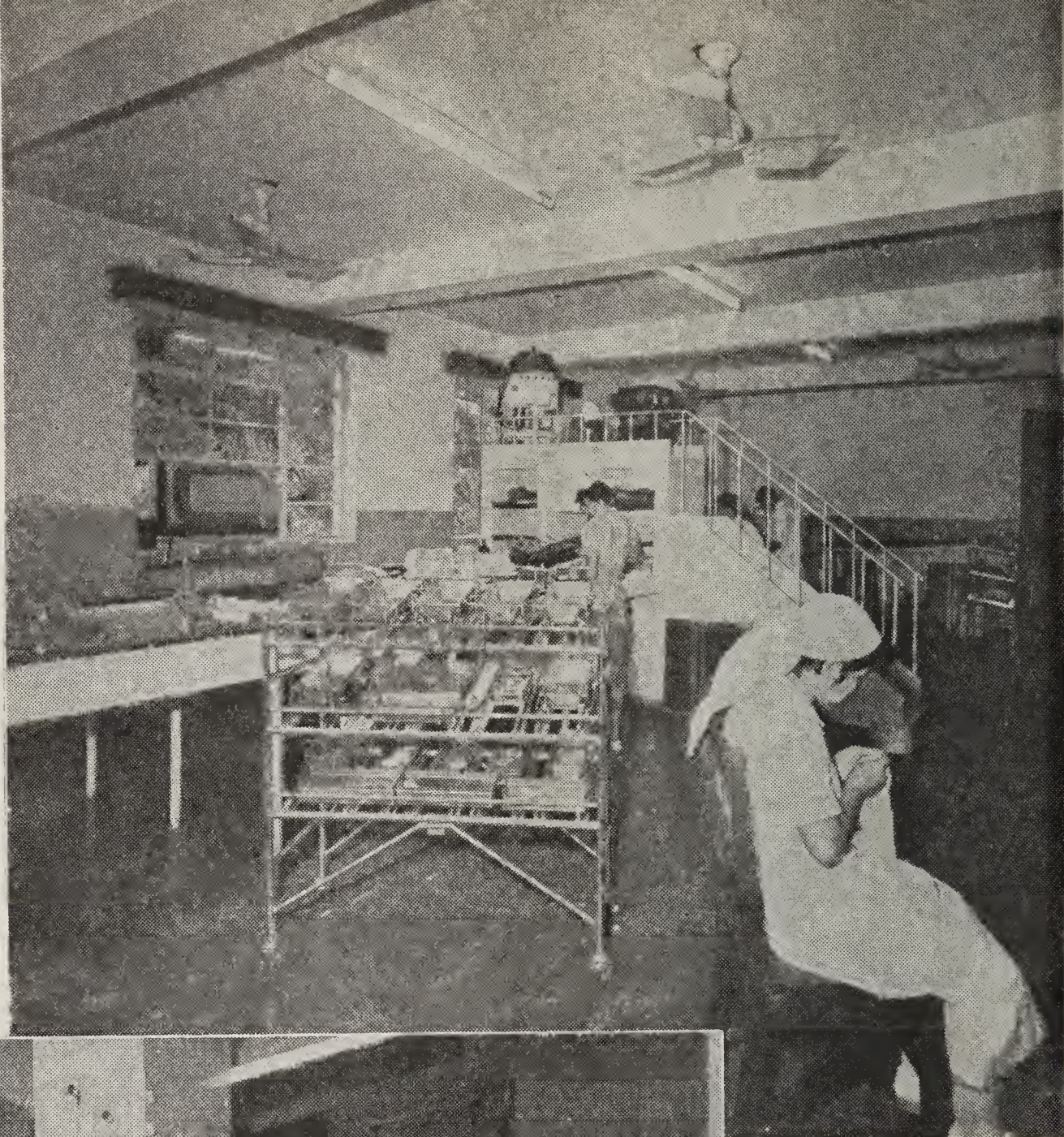


*New Casualty Block
and House Officers'
Quarters, Queen
Mary Hospital.*



*New Casualty
Reception Centre,
Queen Mary
Hospital.*

*Central Surgical
Supply Service,
Queen Mary
Hospital.*



*Radiocobalt Telecurie
Therapy Unit,
(Cobalt "Bomb"
unit), Queen
Mary Hospital.*

patients continued in the 10 ophthalmic beds available: each bed averaging 30.6 patients per annum.

104. Sight-testing services could not be further extended to the general public due to lack of personnel. Two sight-testing opticians however refracted school children in two of the school clinics, and three school medical officers were trained as refractionists. The issue of spectacles remained constant at 2,990 per annum.

Dental Service.

105. The Dental Sub-department is organized into two distinct branches providing—

- (a) The General Dental Service,
- and (b) The School Dental Service.

106. The General Dental Service is responsible for the treatment of monthly paid Government officers and their families, a commitment which brings an estimated total of over 70,000 persons within this service. This figure will rise with the transfer of large numbers of former daily paid workers on to monthly paid rates. Nine dental officers, one of whom is employed on a temporary basis, were available by the end of the year to operate this service, giving a ratio of 1 dental officer to 8,000 people. This figure should be compared with a ratio in Britain of 1 dental surgeon to 2,300 people; in New Zealand of 1 to 2,600 and in the United States of America of 1 to 1,800. It was inevitable that considerable delays were experienced in providing comprehensive treatment for Government officers and their families due to this heavy commitment and to the small numbers of dental officers available. On Hong Kong island urgent treatment was completed and patients were then placed on a waiting list for the later continuation of less urgent treatment. The waiting time rarely fell below eleven months. In Kowloon it was found possible to avoid a waiting list but the two dental officers were unable to offer appointments in under two months except in emergency. The demand for dental treatment continues to rise and has far outstripped the present facilities both of staffing and accommodation.

107. During the year Government officers made 12,414 visits to dental clinics for treatment, whilst families made 10,888,—a total of 23,302 visits and an increase of 3,880 over the previous year. 8,680 teeth were filled or crowned and 842 prosthetic appliances were fitted. The ratio of teeth conserved to teeth lost through gross caries or periodontal disease was almost 1 to 1.

108. The General Service, in addition to its treatment of Government officers and families in clinics, is also responsible for the treatment of in-patients of Government Hospitals, and prisoners at Victoria, Stanley and Lai Chi Kok Prisons. A restricted service is also provided for poor people in the urban and rural areas. Special clinics are held for these members of the public; twice a week in both Hong Kong and Kowloon and once a month in Tai Po, Yuen Long, Cheung Chau and Tai O. During the year a total of 15,836 poor persons were seen, 143 of whom had to be admitted to hospital for oral surgery. At these special clinics, treatment is directed solely to the relief of pain and 18,851 teeth were extracted.

The School Dental Service.

109. The number of school children was estimated to be 250,000 and it is calculated that each year a further 25,000 children will become of school age. Of this total, about 50,000 subscribed to the School Health Service. For the dental treatment of this large number only 6 dental officers were available by the end of the year, giving a ratio of 1 dental officer to 8,333 children. 24,785 inspections were carried out, and 19,625 children were found to require treatment—79.18% of those inspected. 5,696 fillings were inserted and for every 100 fillings inserted 560 teeth were lost through dental caries which had progressed beyond the point where conservative treatment was possible. These figures are given more realism when compared with the New Zealand figures for school children where for every 100 fillings inserted only 6 teeth are lost through gross dental caries.

110. It is recognized that the service is inadequate. Future participants have had to be limited to 42,000, owing to the

staffing problem, which is under consideration. Several dental clinics were operated by welfare organizations either for their own members or for the poor in their respective vicinities. The Hong Kong Dental Society continued to staff 3 free evening clinics per week in Hong Kong and 1 in Kowloon while the St. John Ambulance Association and Brigade despatched a Squad, which included a dental surgeon, to the more remote areas in the New Territories every Sunday, bringing free treatment to poor persons unable to obtain it otherwise.

111. A dental scholarship scheme was introduced in 1954 to ensure that a sufficient number of well qualified dental surgeons will be available to replace the natural losses to the Dentists' Register by retirement or death of the older practitioners in the Colony. In 1955/56, 9 scholarships were awarded. The first year's study is spent in Hong Kong University, the remaining 4 years in the Dental School of the University of Malaya.

Control of Dental Practice.

112. Two dental inspectors were employed on duties in connexion with the control and supervision of private dental practice in the Colony. They regularly inspected premises used, or proposed to be used, by dentists. There were no cases of illegal dental practice during the year.

Out-patient Services.

113. The greatest volume of medical work done in the Colony is handled at the out-patient centres. Because of the shortage of beds many types of cases have to be treated as out-patients which would normally be regarded as in-patient cases.

114. The out-patient services of the Medical Department are conducted by three major general polyclinics, 2 on the island and 1 in Kowloon, 1 specialist polyclinic in Wanchai for chest diseases, physiotherapy and dentistry, 10 dispensaries in the urban area and 12 rural health centres in the New Territories. Many of these smaller dispensaries and rural centres are conducted in adapted premises quite unsuitable for the purpose and plans are being formulated progressively to replace them with modern properly designed clinics, which will greatly increase

their efficiency. The first to be so replaced will be the main polyclinic at Sai Ying Pun which is also the main teaching centre for medical students in out-patient practice and for the rebuilding of which the Hong Kong Jockey Club has made a very generous donation. The same generous donor has also provided funds for replacing the rural health centre at Tai Po. The other polyclinic on the island is the Violet Peel polyclinic, at which the main ophthalmic out-patient service on the island operates, in addition to the general out-patient services. Other visiting specialists also conduct special services. The premises are again inadequate and far from convenient for the volume of work done but the clinic is very conveniently situated for the public. The only polyclinic on the mainland is the Kowloon Hospital Out-patient Department which is the most hard pressed of any clinic and at which hundreds of patients have to be turned away daily because of sheer physical inability to handle any more. At all of these clinics and most of the urban dispensaries the medical staff work in shifts from 9 a.m. to midnight. Details of the work done are attached at Appendices 8, 9, 10 and 11.

The Pathological Service.

115. The Government pathology service for the Colony comprises work carried out in the Pathological Institute on the island, and in a subsidiary institute at Kowloon Hospital on the mainland. There are, in addition, 3 small clinical laboratories: 1 at the Queen Mary Hospital, 1 at the Lai Chi Kok Hospital and 1 at the Tsan Yuk Hospital. The Institute's responsibilities also include supervision of the Blood Bank and daily post-mortem examinations in the 2 public mortuaries, Victoria Public Mortuary and Kowloon Public Mortuary. Specimens examined in 1955 numbered 287,323—an increase of 30,730 over the previous year's figures. There has been a steady annual increase since 1946. Serological tests for syphilis alone reached the record figure of 108,807, whilst bacteriological diagnostic work connected with tuberculosis set another record with the figure of 50,584. The VDRL flocculation slide test, the routine test used, continues to be satisfactory. The Kahn Test is used as a confirmatory test in special cases. There were 11 Friedman

tests and 651 frog tests and 2,015 examinations of an unclassified nature were carried out. These included 15 analyses of antibiotics for potency. Nasal smears for *M. leprae*: 1,125 examinations gave 426 positive results. 16,490 examinations were made of rat spleen smears for *P. pestis*, with no positive findings.

116. The following table sets out the growth in the volume of work done since 1950:—

TABLE 9

Annual Number of Specimens Examined	
1946	72,799
1947	107,335
1948	120,775
1949	128,542
1950	149,259
1951	207,646
1952	214,026
1953	239,943
1954	256,593
1955	287,323

117. The vaccines produced in 1955 were:—

Anti-smallpox vaccine	11,184 ml.
„ cholera „	—
„ typhoid-paratyphoid (Adult)	102,700 „
„ „ „ (Children)	—
„ rabic vaccine (2%)	49,970 „
„ „ „ (4%)	36,000 „
„ plague „	—
Rinderpest „	83,500 „
Diluted tuberculin	28,150 „
	<hr/>
	311,504 ml.
	<hr/>

The Public Mortuaries.

118. There are 2 public mortuaries, 1 in Victoria and 1 in Kowloon, both in antiquated premises, that in Kowloon having the additional disadvantage of being located on a main thoroughfare. It is hoped to rebuild it shortly on a more suitable site. At the Victoria Public Mortuary 986 post-mortem examinations were performed, of which 288 were medico-legal, cases, including 73 cases dealt with by the Forensic Pathologists. 19 specimens of post-mortem materials, mostly stomachs and contents were sent to the Government Chemist for toxicological examination. 50 specimens of pathological interest were sent to the Pathological Institute for histopathological study and several others were sent to the School of Pathology, Hong Kong University, for teaching purposes. At Kowloon Public Mortuary 3,135 post-mortem examinations were carried out during 1955. This figure includes 362 medico-legal cases, of which 115 were examined by the Forensic Pathologists. 58 specimens of post-mortem material, including stomachs and contents, urine and blood were sent to the Government Chemist for toxicological examination. A statistical summary of the work done is attached at Appendix 12.

The Forensic Medical Service.

119. To assist the police in investigating the medical aspects of suspected crimes, 2 medical officers with special experience in forensic medicine are seconded to the Police Department. The work falls into 3 categories:—

- (a) Forensic
- (b) Laboratory
- (c) Lecturing and Demonstrating.

The forensic work covers:—

- (a) The examination of victims and suspects connected with violent and unnatural crimes;
- (b) Calls to assist at scenes of crimes especially in murders and sudden deaths;

- (c) Attendance at Court including giving evidence at Coroners' Inquests, Magistrates' Courts, and the Supreme Court;
- (d) Medico-legal post-mortems covering both Hong Kong and Kowloon;
- (e) Raids on unregistered medical practitioners, unregistered dentists, sellers of poisons, and manufacturers of dangerous drugs.

120. The laboratory work deals mainly with examinations of blood and seminal stains, hairs and fibres, weapons and articles connected with crimes. In addition the laboratory staff blood-group all police recruits before they pass out of the Police Training School.

121. Short lectures and demonstrations are given from time to time to police officers at the laboratory showing medico-legal aspects of certain crimes. Lectures are also given to the medical students at the University.

The Chemical Laboratory.

122. The Government Chemical Laboratory carries out analytical and consulting work for Government departments, the Services, and the commercial community. Government work is done free, but for other work fees are charged according to a prescribed tariff.

123. The volume of work dealt with has shown a marked increase over 1954, 30,850 samples being dealt with as against 27,675. The following table shows very briefly the distribution of this work:—

TABLE 10

	1954	1955
Public Health	14,551	13,267
Chemico-legal	939	1,124
Commercial	966	791
Revenue Control, Narcotics, Strategic Materials	10,518	14,813
Miscellaneous Government Work	701	855
	<u>27,675</u>	<u>30,850</u>

Research.

124. Several exhibits were examined in connexion with cases of ichthyotoxism and ichthyosarcotoxism after ingestion of the deadly "Kai Po Yue" or "blowfish". The nature of the poison has not been elucidated, nor have chemical tests for it yet been devised. Research into this pressing problem is overdue, and it may be that with the alleviation of the present staff shortage, this work will eventually be undertaken at the Government Laboratory. A considerable amount of agricultural analytic work was done in collaboration with the Department of Agriculture, Fisheries and Forestry. In particular, the spray residue contents of vegetables treated with certain organic phosphorus insecticides were determined.

125. Aspects of the work of the qualified staff not generally publicized are the frequent appearances in Court as expert witnesses on behalf of the Crown, the ever increasing number of consultations with the Department of Commerce and Industry in connexion with the Importation/Exportation (Specified Articles) Regulations, the regular examination of ships to establish their freedom from explosive vapours, and the visiting of scenes of crimes for the purpose of selecting relevant samples.

Special Ancillary Services.

126. Under this heading are listed those para-medical services without which it would be impossible to run a medical service: the medico-social or almoner service; the pharmaceutical or dispensing service; those special forms of treatment, physiotherapy and occupational therapy; the essential stores and supplies service, which also attends to the maintenance and repair of all the medical equipment and installations; the blood bank and the Auxiliary Medical Service.

The Medico-social Service.

127. This is a most important service that seldom receives adequate notice. Too often the hospital almoner is regarded as a kind of financial detective to make sure no one gets away with paying less for their medical treatment than they can afford. In addition to this duty the function of this group of specially

trained workers is to ascertain what social problems face a patient such as poverty, inadequate privacy, lack of relatives capable of helping, domestic duties etc., which prevent a patient from carrying out medical instructions properly or which add to his or her burden and often produce disease and nervous breakdown. There has been continued development in this service during the year. The number of patients seen at hospitals and clinics has increased, and the almoners have extended their efforts to understand the social factors of the illness and to take steps to remedy them. The work of the almoners with the tuberculosis service is so closely linked with that of the other staff in the service that their activities are reported in paragraph 50.

128. The special arrangements made possible in the past year by the ready co-operation of the Commissioner for Resettlement and his staff, and of the Housing Society, have enabled a number of selected cases to be rehoused, thus discharging from hospital some seriously incapacitated patients who might otherwise never have left the ward, and giving to others the living conditions which their particular condition demands and in which breakdown of health should not occur. The serious nature of many of the accident cases received through the casualty departments makes the planning of their rehabilitation a lengthy matter, often involving prolonged negotiations over the financial compensation on which they and their families must depend for maintenance or re-establishment.

129. More use has been made in the past year of free foods, both as a means of meeting nutritional deficiencies, and as assistance for a patient or his family in a short period of incapacity and consequent loss of income. This has been made possible by the gift parcels donated by the United States of America as well as milk powder from the United Nations International Children's Emergency Fund.

The Pharmaceutical Service.

130. This service, under the direction of the Chief Pharmacist, is responsible for the purchase of bulk supplies of

pharmaceuticals, dressings, surgical instruments and the production of medicinal preparations for use in the various institutions. The Chief Pharmacist also has certain legal responsibilities in connexion with the control of narcotics and dangerous drugs in the Colony. This sub-department also undertakes the training of local personnel in dispensing.

131. Careful supervision of the import and movements of dangerous drugs in the Colony continues to be maintained and routine inspections of all premises where poisons and antibiotics are handled are undertaken. The number of licences issued in respect of poisons and antibiotics continues to show a downward trend. Comparative figures for 1954 and 1955 are:—

	1954	1955
Wholesale Dealers' Licences	429	333
Listed Sellers' Licences	238	229
Licences issued to Authorized Premises (Pharmacies)	23	23
Anti-biotic Permits	194	183
Restricted Anti-biotic Permits	69	30
Premises inspected	1,092	1,159

Physiotherapy.

132. This sub-department endeavours to teach patients who are seriously crippled or handicapped by injury or disease how best to overcome their handicap and fit them to lead useful lives. The work is seriously handicapped itself by reasons of inadequate premises and equipment and the volume of work requiring attention far exceeds the physical capacity of the existing staff.

133. Physiotherapy treatment is given in Queen Mary Hospital, Wanchai Polyclinic, Kowloon Hospital and Lai Chi Kok Hospital. The demands of these units vary and cannot be compared. Treatment of in-patients only is carried out at Queen Mary Hospital and the patients are transferred, on discharge, to Wanchai Polyclinic which deals with all the out-

patients on the Island. Patients from Sai Ying Pun Hospital, the Tung Wah Hospitals and the Mental Hospital are also treated here as soon as they are fit to be moved. There are occasions when the physiotherapist has to visit these hospitals if the patients are not fit enough to come to the out-patient department. The Kowloon department deals with all patients on the Mainland. Cases treated in Lai Chi Kok Hospital are mainly orthopaedic and tuberculosis chest cases who have had major chest surgery. In addition the fever block with its poliomyelitis, tuberculous meningitis and tetanus cases calls for constant attention. A hydrotherapy tank which has recently been installed has assisted greatly in these cases.

134. There has been an increase in the number of cases of hemiplegias treated. These can usually be grouped into children, where 90% of the cases are a result of tuberculous meningitis, and adults. The majority of these cases are treated by hydrotherapy and re-education exercises. An adult class has been started at Wanchai Polyclinic in order to teach these patients how to become physically independent by such means as walking unaided, dressing and feeding themselves.

135. Classes for ante-natal exercises are held at Kowloon and are followed by routine post-natal exercises. These classes are given to the 1st and 2nd class patients only as the 3rd class patients consist mainly of working women who cannot attend the ante-natal classes,—and because of the good condition of their muscles post-natal work is usually unnecessary.

Occupational Therapy.

136. This form of therapy is comparatively new in Hong Kong and the possibilities and advantages of it have as yet not been adequately recognized outside of the Mental Hospital where it has long been recognized as a most useful form of treatment. Facilities and space are as yet so limited as to make the work difficult and discouraging. Nevertheless, very gratifying results have been obtained. Occupational therapy was given to selected patients at the Queen Mary Hospital, Lai Chi Kok and the Mental Hospital.

137. The exhibition and sale of work at the Chinese Manufacturers' Union exhibition on December 4th and 5th, proved very satisfactory and gave an indication of the type of goods in demand by the general public.

138. An incentive payment scheme has been in operation for six months. In Lai Chi Kok and Queen Mary Hospitals patients making articles to fulfil Government or private orders, or for a sale of work, are paid approximately 10% of the saleable value of the article. In the Mental Hospital, patients working in the hospital or making articles in the occupational therapy classes are credited with a small sum. This money is mainly used to provide parties, film shows, or other forms of entertainment, or occasionally, for payment to individual patients.

139. The Red Cross very kindly gave 330 Chinese books to start a library and this has been running satisfactorily for six months. They also provided text books for the English classes and earlier in the year some voluntary workers who did excellent work, particularly in teaching English.

Blood Banks.

140. There are no major changes to report in the facilities offered by the blood transfusion service. Again the greatest difficulty has been shortage of blood and demand far exceeded supply, but continual effort was made to solve this problem. An increase of 3% in Chinese donors was noted. There was also close co-operation with the Armed Services, in particular between the Kowloon Hospital blood bank and the 33rd General Hospital. During the last year the number of special examinations connected with the Rh factor increased by more than 100%.

141. Further accessories were obtained for the plasma drying unit in Queen Mary Hospital. A trial run was conducted in December: 4 pints of plasma, which were clinically satisfactory, were manufactured. At the present time shortage of the requisite blood groups precludes the economic manufacture of dried plasma.

Stores and Equipment.

142. Manufacture of special items of surgical furniture continues within the department with very great saving of public money. The staff concerned dealt with 1,346 internal repair items during the year and in addition repaired, faired and sharpened hundreds of surgical instruments, needles, etc. In addition they have made many items of surgical furniture such as Mayo tables, oxygen cylinder trolleys, physiotherapy remedial equipment, anaesthetic trolleys, metal shelves for operating theatres etc. A few items of equipment have been specially designed during the year. These include a special wheeled toilet chair, elbow crutches, and special alloy calipers.

Auxiliary Medical Service.

143. The Auxiliary Medical Service is set up under the provisions of the Essential Services Corps Ordinance to supplement the normal medical services in the event of an emergency, but it is to a large extent autonomous, the Director of Medical and Health Services exercising, in respect of the Service, the functions of Unit Controller. It is not intended that the Service should operate as an independent unit but that it should be integrated into the regular medical service, whose members, for administrative purposes, are eligible to become members of the Auxiliary Medical Service. During the year recruitment continued satisfactorily.

144. Initial training for new recruits consists of a series of lectures in basic first-aid and basic auxiliary dressing, and the more promising members are selected for ward and theatre auxiliary dressers' courses which are held in Government Hospitals on a full time basis of 4 to 8 days duration, followed by refresher courses. During the month of May, a small training ward was built as an extension to "D" Block, Kowloon Hospital, and a series of refresher courses have been held for auxiliary dressers. Clerk/telephonists of First Aid Posts, after receiving initial training, were exercised in message writing, and ambulance drivers received an average of 15 hours driving instruction during the year. The staff of First Aid Posts took

part in zonal exercises in conjunction with the Civil Aid Services, and a Colony-wide exercise employing all auxiliary units was held during the month of December.

145. During the year it was found possible to increase the number of beds that would be provided in an emergency. Exhaust fans and emergency generators were installed in all tunnels and institutions as required.

146. Lt.-Colonel C. G. Butcher, Secretary of the Cabinet Civil Defence Planning Committee in the United Kingdom, visited the Auxiliary Medical Service and the system of training was explained to him by the Unit Controller.

Medical Examination Board.

147. During the year the Medical Examination Board continued its work of examining candidates for Government employment, Government officers for promotion and transfer, and members and recruits for Auxiliary Defence Units.

148. The total number of persons examined during 1955 was 12,297. This represents an increase of 2,669 over the 1954 figure. Detailed figures of the examinations carried out are shown in the following table:—

TABLE 11

A. New Cases examined in 1955:	
1. Government candidates	5,365
2. Auxiliary Defence Units	4,085
3. Miscellaneous	156
B. Re-examinations in 1955:	
1. Government candidates	1,431
2. Auxiliary Defence Units	1,258
3. Miscellaneous	2
Grand total	<u>12,297</u>

149. Clerical difficulties have so far prevented an exact analysis of causes of rejection, though the percentage of candidates rejected for certain posts, *e.g.* Police Constable, is considerably higher than for certain others, *e.g.* Clerk. The main overall cause of rejection however is pulmonary tuberculosis, and since December, 1955, an exact record of the number of candidates referred to the Tuberculosis Specialist, and found by him to be suffering from pulmonary tuberculosis, has been kept. In the period January—March, 1956 (which is the only period for which these statistics are available), 3,352 persons came before the Board, 312 were referred to the Tuberculosis Specialist, 223 were found by him to be unfit because of pulmonary tuberculosis, 7 had other pulmonary disease necessitating rejection, while in the case of 30 others, either their results are not yet to hand, or they have failed to attend the Chest Clinic. Over 80% of all cases referred to the Chest Clinic were found to be unfit, while 6.6% of all cases coming before the Board were rejected because of pulmonary tuberculosis.

V. TRAINING PROGRAMME

Liaison with the University.

150. The Medical Department continues to co-operate closely with Hong Kong University in the training of medical students. As already stated the Queen Mary Hospital, the Tsan Yuk Hospital and the Sai Ying Pun out-patient department constitute the main centres for clinical study and experience for medical students attending the University. Many members of the staff of the Government Medical Department act as part-time lecturers to the medical students and during the year the Director of Medical and Health Services continued in his appointment as part-time Professor of Social Medicine. After qualification, graduates of the Medical School are required to do one year's post-graduate work under supervision as a prerequisite to registration and many posts of House Officer are made available in various Government Hospitals approved by the University for this purpose. Problems arising in the teaching hospitals are dealt with by a Co-ordinating Committee

on which the Professorial staff of the University Medical Faculty sit with senior officers and specialists of the Medical Department.

Nursing Training.

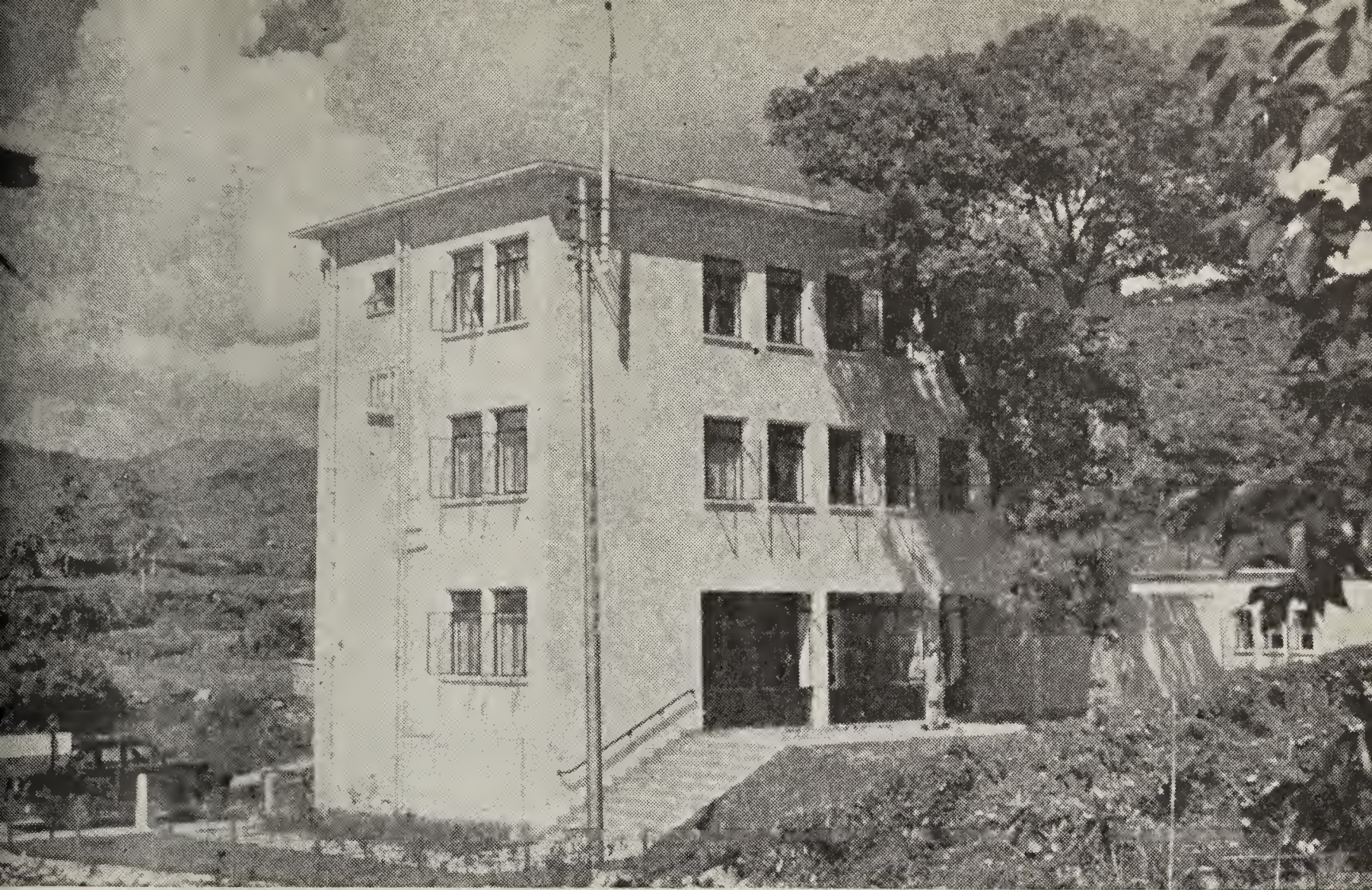
151. An important part of the work of the Medical Department is the training of nurses (male and female) and midwives. The major nursing training schools are attached to the Queen Mary Hospital and the Kowloon Hospital while the main school for training midwives is the Tsan Yuk Hospital. Excellent schools of nursing are also provided at the Tung Wah Group of Hospitals and the Alice Ho Miu Ling Nethersole Hospital, institutions independently run but largely assisted by Government, and the Hong Kong Sanatorium and Hospital, a private institution. Owing to the gradual increase in the nursing establishment over the past few years, particularly as a result of recruitment with a view to training staff for the projected new Kowloon Hospital, a greater number of nurses are graduating each year.

Health Visitors.

152. During 1955 the first officially recognized course of training qualifying for the Health Visitors' Certificate of the Royal Society for the Promotion of Health was successfully conducted and concluded. The 9 candidates passed the examination. The successful candidates have now been posted to supervisory posts in the Health Nursing Service and the second course has begun and is being attended by 10 specially selected candidates. The school is conducted at the Harcourt Health Centre but for practical experience candidates are attached for limited periods to all of the health services operated by the department. The lectures are given not only by members of the Medical Department, but also by officers of the Colonial Secretariat, the Social Welfare Office, the Legal Department and the Labour Department and visits of inspection are paid to numerous institutions and factories to study welfare work.

Technical Training.

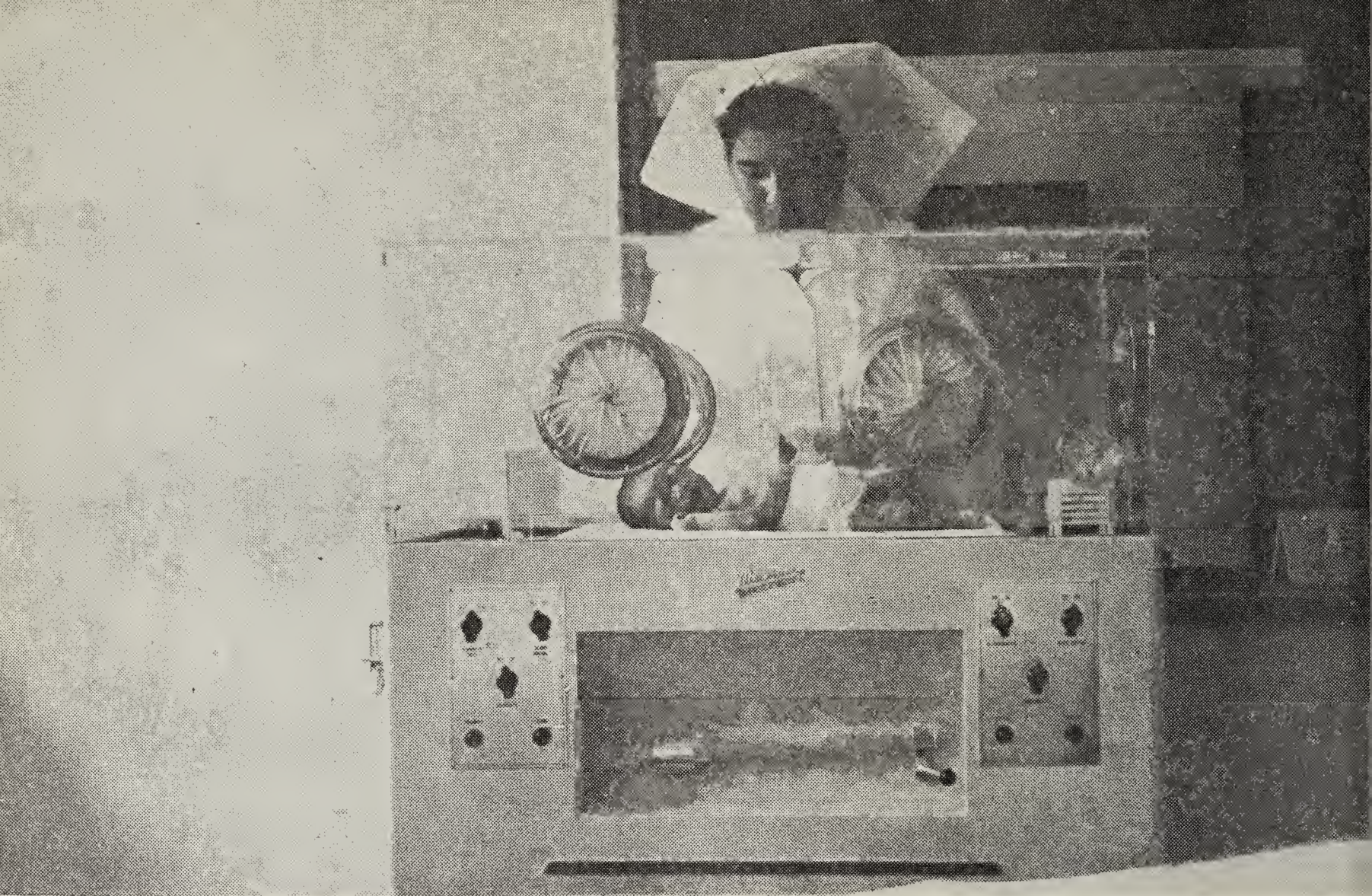
153. In addition to training nurses, the Medical Department also trains technical assistants in pharmacy, radiography, laboratory techniques, physiotherapy and in medico-social work.



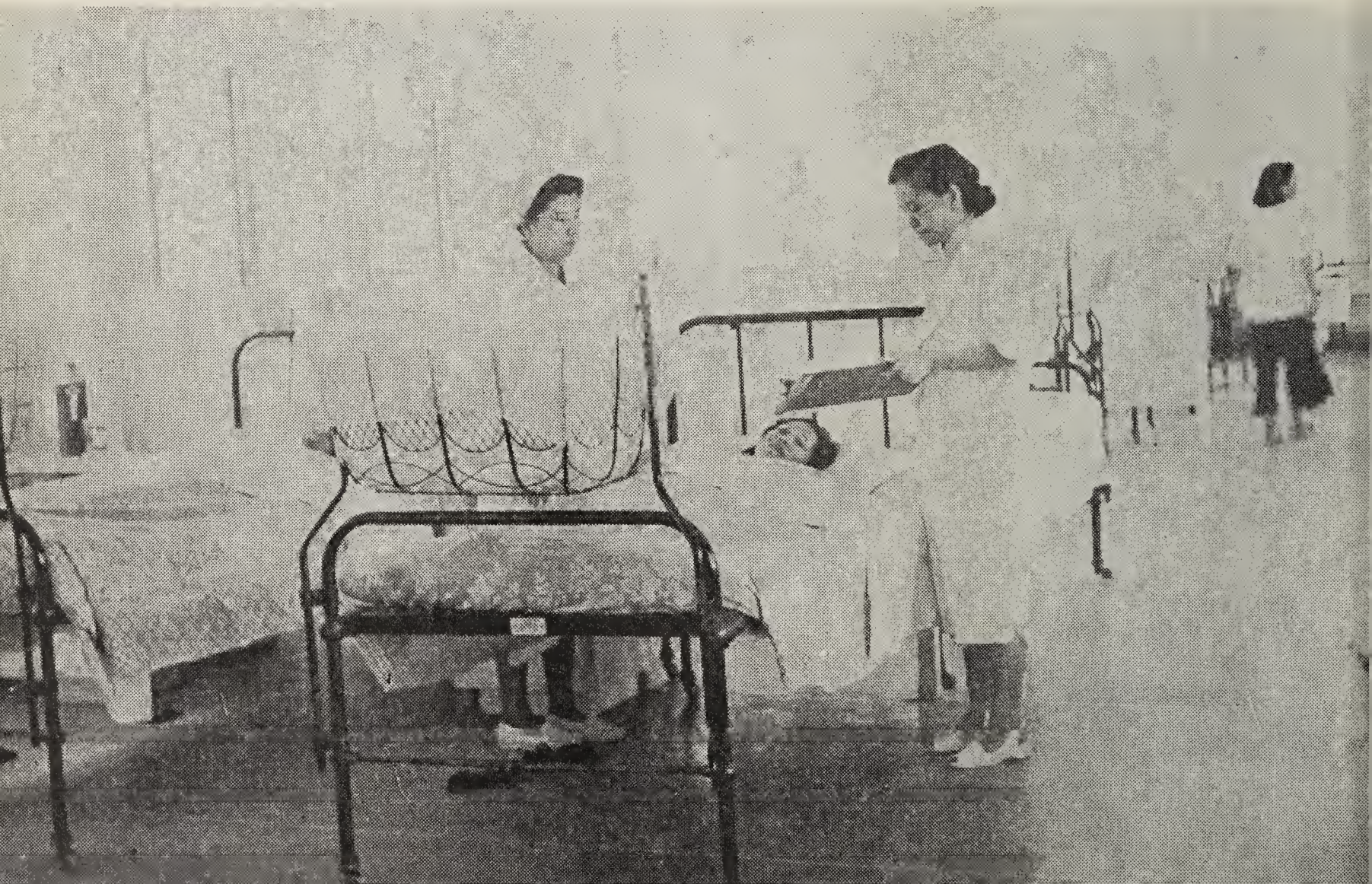
Sai Kung Clinic and Maternity Home.

Maurine Grantham Health Centre, Tsuen Wan.





Incubator in Maurine Grantham Health Centre, Tsuen Wan.



Ward in Maurine Grantham Health Centre, Tsuen Wan.

154. The following table lists the work done in this field during 1955:—

TABLE 12

	Appointment	Resignation	Strength at 31.3.56
Probationer Assistant Physiotherapist.....	—	—	2
Probationer Radiographic Assistant.....	4	5	8
Probationer Dispenser.....	1	1	11
Probationer Laboratory Assistant	—	—	10
Probationer Assistant Almoner.....	4	—	4
Probationer Nurse.....	56	8	146
Probationer Dresser.....	13	4	33
Pupil Midwife.....	22	5	69
Health Visitor	10	—	10

Fellowships and Scholarships.

155. In addition to local training, Government provides financial assistance to certain selected persons to take special courses of study abroad and permits certain other officers who so desire to proceed abroad for courses of study at their own expense. This is augmented by the Sino-British Fellowship Trust Funds administered by the British Council and also by the grant of fellowships and scholarships from the World Health Organization.

156. The following table sets out the nature of the appointment and the courses of study of the officers sent abroad for special study during the year:—

TABLE 13

Appointment	Course of Study	Source of Funds
Medical Officer.....	Thoracic Surgery	Government Funds
Medical Officer.....	Anaesthesia	Government Funds
Medical Officer.....	Maternity & Child Health	W. H. O.
Medical Officer.....	Diploma of Public Health	W. H. O.

TABLE 13—Contd.

Appointment	Course of Study	Source of Funds
Assistant Medical Officer	Diploma of Psychiatric Medicine	W. H. O.
Assistant Medical Officer	Diploma of Public Health	W. H. O.
Nursing Sister	Certificate of Pediatric Nursing	No Pay Leave
Nursing Sister	Certificate of Pediatric Nursing	W. H. O.
Nursing Sister	Certificate of Pediatric Nursing	W. H. O.
Nursing Sister	Midwifery Tutor's Diploma	Sino-British Fellowship Trust Fund
Nurse	Mental Nursing	W. H. O.
Nurse	Mental Nursing	Sino-British Fellowship Trust Fund
Almoner	Almoner's Training	Government Funds
Almoner	Social aspect of present methods of treating and re-habilitating the tuberculous	W. H. O.
Woman Mental Nurse	Mental Nursing	Government Funds
Senior Dresser	Mental Nursing	Government Funds
Dresser	Mental Nursing	Government Funds
Dresser	Mental Nursing	Government Funds
Radiographer	Therapeutic Radiography	Government Funds
Pathological Laboratory Technician	Medical Laboratory Technology	Government Funds

Liaison with International Organizations.

157. Close liaison continued to be maintained with the epidemiological station at Singapore in the exchange of epidemiological information for countries in the South East Asia and Western Pacific areas.

158. The Department maintained a very close relationship with the Western Pacific Regional Office of the World Health Organization in Manila. The Director and his advisers visited

Hong Kong from time to time for discussions with the Department on World Health Organization projects and fellowships. During the year consultants on the following subjects visited Hong Kong:—

Maternal and Child Health,
Nursing,
Malaria,
Dental Health,
Child Guidance.

VI. BUILDING PROGRAMME

New Buildings opened during the year.

159. During the year work was completed on the following new institutions which were opened and are now in full operation:—

- (a) The new Tsan Yuk Maternity Hospital;
- (b) The new Sai Kung Clinic and Maternity Home;
- (c) Extension to the Maurine Grantham Health Centre at Tsuen Wan;
- (d) The new nurses' quarters and preliminary training school at the Queen Mary Hospital;
- (e) The new Casualty Block and House Officers' Quarters also at the Queen Mary Hospital;
- (f) The School Clinic at Sai Yee Street, attached to the Queen Elizabeth School;
- (g) A training ward for Auxiliary Medical Service personnel at Kowloon Hospital.

160. Site preparation and the building of a new Maternal and Child Welfare Centre began at Homantin during the year and the clinic is expected to be opened early in the next financial year. Site preparation has been undertaken for the new Mental Hospital at Castle Peak.

161. The transfer of the ophthalmic clinic from the Kowloon Hospital out-patients' department to the premises in Arran Street donated by the Rotary Club enabled the facilities at Kowloon Hospital out-patients' department to be improved by the provision of 2 additional consulting rooms, a dental surgery and a gynaecological clinic.

162. Certain alterations and redecoration have been undertaken at the following institutions:—

- (a) Shaukiwan Public Dispensary;
- (b) Arran Street Ophthalmic Clinic;
- (c) Shamshuipo Public Dispensary.

163. Work is proceeding on the detailed planning of the new Kowloon Hospital and also on the new Sai Ying Pun Polyclinic, funds for the latter having generously been donated by the Hong Kong Jockey Club. Progress has also been made on the plans for a new out-patient clinic and Tuberculosis Centre at Shek Kip Mei, funds for the dispensary and general clinic having been provided by the Kai Fong. During the year work also continued on the planning of the new general out-patient clinics and maternity homes at Tai Po and Yuen Long.

VII. VITAL STATISTICS

164. The registration of births and deaths is compulsory under the Births and Deaths Registration Ordinance, the Director of Medical and Health Services being the Registrar of Births and Deaths. A central general registry is situated in the centre of Victoria and a number of district registries are dispersed throughout the Colony for the convenience of the public generally. In certain outlying rural and island areas the local police stations act as local registries and transmit reports to the general registry.

165. During 1955 90,511 births were registered as compared with 83,317 in 1954. Taking the estimated mid-year population

of 2,340,000, this gives the crude birth rate of 38.7 per thousand of population as compared with the rate in 1954 of 36.6 per thousand.

166. There was a further slight drop in the actual number of infants dying under the age of 1 year, 6,012 deaths of infants having been registered as against 6,028 in 1954, but, because of the large increase in the actual number of births registered the infant mortality rate shows a further reduction to 66.4 per thousand live births as compared with a rate of 72.4 per thousand live births in the previous year,—a very gratifying reduction. As was noted in the report for 1954-55, the number of infant deaths in Hong Kong always approximates one third of the total deaths from all causes. In 1955, the deaths of infants under 1 year of age constituted 31.5% of all deaths from all causes as compared with 31.3% in 1954. This ratio of infant deaths to total mortality has been remarkably consistent for many years—in fact so long as records have been kept.

167. The following table sets out the figures of infant and neo-natal mortality in detail:—

TABLE 14

Age Period	1953	1954	1955
0—1 day	278	199	224
1—7 days	795	803	989
1—4 weeks	875	1,048	882
4 weeks—3 months	1,115	1,179	1,148
3—6 months	823	1,112	1,121
6—9 months	879	991	957
9—12 months	795	696	691
Total under 1 year	5,560	6,028	6,012
Infant Mortality rate	73.6	72.4	66.4
No. of deaths under 4 weeks	1,948	2,050	2,095
Neo-natal Mortality rate	25.8	24.6	23.1

168. Deaths registered in 1955 numbered 19,080, 203 less than the total number of deaths registered in 1954. These figures give a crude death rate of 8.2 per thousand of population for 1955 as against a crude death rate of 8.5 per thousand in 1954. A death rate of 8.2 per thousand is phenomenally low for any population but until the exact population can be ascertained by census, it is impossible to give any satisfactory explanation.

169. Details of the principal causes of mortality are set out in the following table:—

TABLE 15

Causes of Death	Number of deaths		
	1953	1954	1955
Malignant neoplasms	952	1,000	1,190
Gastro-enteritis and colitis	2,649	2,690	2,264
Pneumonia (all forms)	3,696	3,837	3,821
Premature births	876	921	912
Tuberculosis of respiratory system	1,974	2,052	1,925
Tuberculosis (other forms)	965	824	885

170. There has been a slight drop in maternal mortality, the rate for 1955 being 1.16 per thousand deliveries as compared with a rate of 1.24 per thousand deliveries in 1954. There has been, however, an increase in the number of deaths due to toxæmia of pregnancy, 48 deaths being ascribed to this cause in 1955 as against 38 in 1954. The rate per thousand births of deaths from toxæmia of pregnancy for the last three years shows slow but steady increase. In 1953, 25 deaths were recorded and a rate of 0.3 per thousand births. In 1954, 38 deaths were due to toxæmia of pregnancy, giving a rate of 0.4 per thousand births, and in 1955, 48, giving a rate of 0.5

per thousand of births. The following table sets out the maternal mortality figures for the years 1953—1955 in detail:—

TABLE 16

Year	Live Births	Still Births	Total Live and Still Births	Deaths associated with pregnancy and Child bearing		Abortion		Maternal Mortality Rate	
				No. of deaths	Rate per 1,000 births	No. of deaths	Rate per 1,000 births	No. of deaths	Rate per 1,000 births
1953	75,544	1,158	76,702	74	0.96	1	0.01	75	0.97
1954	83,317	1,341	84,658	102	1.20	3	0.04	105	1.24
1955	90,511	1,250	91,761	104	1.13	3	0.03	107	1.16

171. Provision is made in the Ordinance for the post registration of births. It has recently been ascertained that at least some 3% of known births are not registered within the first year of life. The majority of these are probably registered later under the provision mentioned above, but the statistical implication is that the number of births registered is not an accurate index of the actual number of children born in any one year. Indeed it has now been ascertained that quite an appreciable number of births are probably never registered and there is some reason to suspect that a certain number of deaths in the remoter rural areas, particularly of young children, are not registered also. These facts are disturbing but until it is possible to make a complete census of the population and provide more facilities for registration and stricter supervision, it will be impossible to produce accurate vital statistics for the Colony.

K. C. YEO,
Director of Medical & Health Services.

OCCUPATIONAL THERAPY FUND

Statement of Receipts and Payments for the year ending 31st March, 1956

Description	Amount	Description	Amount
RECEIPTS	\$ c.	PAYMENTS	\$ c.
To Balance brought forward (on deposit with Treasury)	4,327.84	By Travelling expenses for voluntary workers	110.00
Sales of rattan articles and materials	12,627.00	Purchase of materials, games & sports	10,509.14
		Incentive payments	1,009.60
		Honoraria to voluntary workers	3,600.00
		Balance carried forward: on deposit with Treasury	\$1,139.42
		cash in hand	586.68
	16,954.84		1,726.10
			16,954.84

Certified Correct.

(Sgd.) I. AGAFUROFF,
p. Director of Medical and Health Services.
12th July, 1956.

(Sgd.) M. M. SWAN,
Secretary, Occupational Therapy Committee.
12th July, 1956.

The above statement has been examined in accordance with Condition 7 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N.A. 114 of 26th June, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

19th July, 1956.

(Sgd.) F. E. L. CARTER,
Director of Audit.

SAMARITAN FUND

Statement of Receipts and Payments for the year ending 31st March, 1956

Description	Amount	Description	Amount
	\$ c.		\$ c.
RECEIPTS		PAYMENTS	
To Balance brought forward	20,406.83	By Providing maintenance, capital grants, clothing, food, travelling expenses etc. to patients	10,957.35
Donations.....	2,389.90		
W. & O. Pensions (Mrs. Li Shuk Hing, widow of late Mr. Chan Nai Tso, who is an inmate in Mental Hospital)	581.88	Balance of pensions and other monies held on behalf of various patients	\$ 1,546.82
		Balance carried forward	\$10,874.44
	23,378.61		12,421.26
			23,378.61

Certified correct.

(Sgd.) I. AGAFUROFF,
p. Director of Medical & Health Services.
18th June, 1956.

(Sgd.) MAURA BENHAM,
Principal Almoner, Medical Department.
18th June, 1956.

The above statement has been examined in accordance with Condition 6 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N.A. 113 of 26th May, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

19th July, 1956.

(Sgd.) F. E. L. CARTER,
Director of Audit.

NURSES REWARDS AND FINES FUND

Statement of Receipts and Payments for the year ending 31st March, 1956

Description	Amount	Description	Amount
RECEIPTS	\$ c.	PAYMENTS	\$ c.
To Balance brought forward	2,053.82	By Advance for purchase of prizes for Nurses and Dressers, and cost of frames, photographs etc.	600.00
Forfeiture of deposits from Misses Aliena Lee, Stella Ng, Alice Cheng, Stella Chen, Sophia Su, Josephine Wong and Nancy Ho.....	1,400.00	Balance carried forward	2,853.82
	3,453.82		3,453.82

Certified correct.

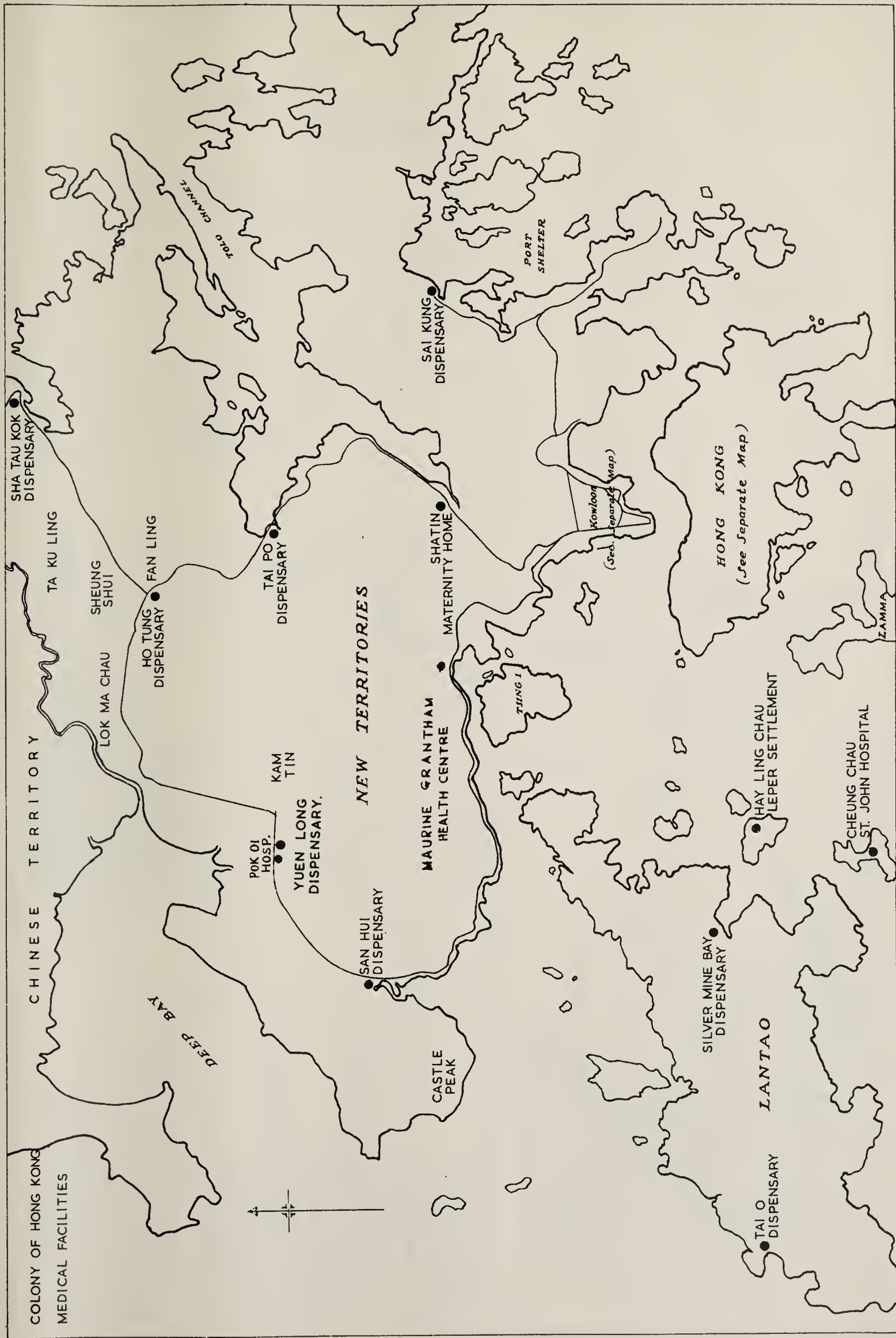
(Sgd.) I. AGAFUROFF,
p. Director of Medical & Health Services.
18th June, 1956.

(Sgd.) M. L. EVERETT,
Principal Matron, Medical Department.
18th June, 1956.

The above statement has been examined in accordance with Condition 5 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N.A. 115 of 26th May, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

19th July, 1956.

(Sgd.) F. E. L. CARTER,
Director of Audit.



HONG KONG ISLAND MEDICAL FACILITIES

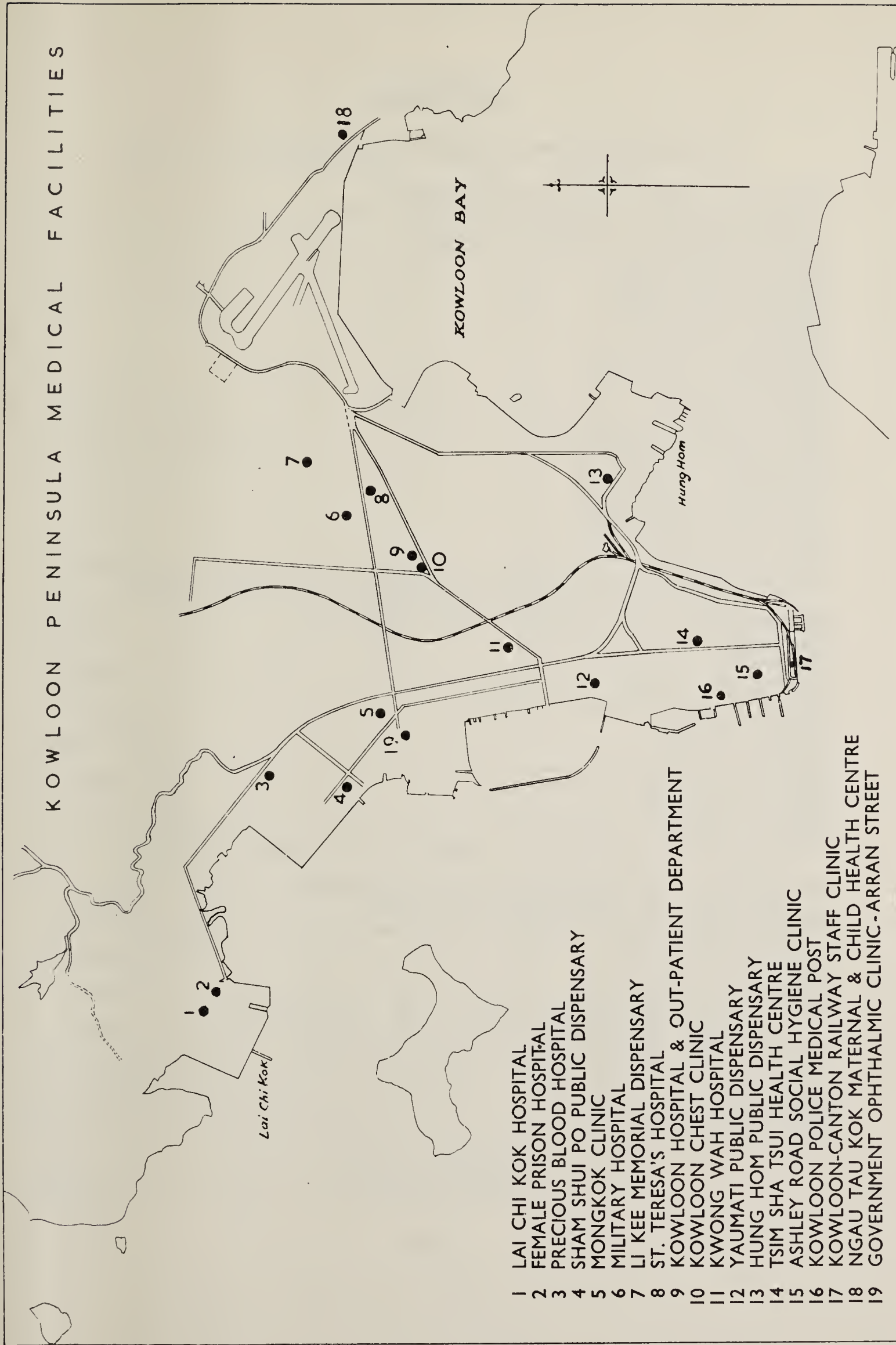
HONG KONG



- 1 LING YUET SIN INFANTS' HOSPITAL
- 2 TSAN YUK HOSPITAL
- 3 MENTAL HOSPITAL
- 4 TAI WO HOSPITAL
- 5 SAI YING PUN HOSPITAL & OUT-PATIENT DEPT.
- 6 TUNG WAH HOSPITAL
- 7 ALICE HO MIU LING NETHERSOLE HOSPITAL
- 8 PORT HEALTH INOCULATION CENTRE
- 9 CENTRAL PUBLIC DISPENSARY
- 10 POLICE MEDICAL POST
- 11 H. K. FAMILIES CLINIC
- 12 STATUE SQUARE INOCULATION CENTRE
- 13 H. K. CENTRAL HOSPITAL
- 14 MILITARY HOSPITAL
- 15 ST. FRANCIS HOSPITAL
- 16 VIOLET PEEL POLYCLINIC
- 17 EASTERN DISPENSARY & MATERNITY HOSPITAL
- 18 RUTTONJEE SANATORIUM
- 19 WANCHAI SOCIAL HYGIENE HOSPITAL
- 20 HARCOURT HEALTH CENTRE
- 21 ST. PAUL'S HOSPITAL
- 22 ST. JOHN AMBULANCE BRIGADE CENTRE
- 23 TUNG WAH EASTERN HOSPITAL
- 24 H. K. SANATORIUM & HOSPITAL
- 25 NAVAL HOSPITAL
- 26 MATILDA HOSPITAL
- 27 QUEEN MARY HOSPITAL
- 28 ABERDEEN PUBLIC DISPENSARY
- 29 SHAUKIWAN PUBLIC DISPENSARY
- 30 STANLEY DISPENSARY & MATERNITY HOME
- 31 STANLEY PRISON HOSPITAL
- 32 NORTH POINT MATERNAL & CHILD HEALTH CENTRE
- 33 CHAI WAN MATERNAL & CHILD HEALTH CENTRE
- 34 WAN CHAI CLINIC



KOWLOON PENINSULA MEDICAL FACILITIES



- 1 LAI CHI KOK HOSPITAL
- 2 FEMALE PRISON HOSPITAL
- 3 PRECIOUS BLOOD HOSPITAL
- 4 SHAM SHUI PO PUBLIC DISPENSARY
- 5 MONGKOK CLINIC
- 6 MILITARY HOSPITAL
- 7 LI KEE MEMORIAL DISPENSARY
- 8 ST. TERESA'S HOSPITAL
- 9 KOWLOON HOSPITAL & OUT-PATIENT DEPARTMENT
- 10 KOWLOON CHEST CLINIC
- 11 KWONG WAH HOSPITAL
- 12 YAUMATI PUBLIC DISPENSARY
- 13 HUNG HOM PUBLIC DISPENSARY
- 14 TSIM SHA TSUI HEALTH CENTRE
- 15 ASHLEY ROAD SOCIAL HYGIENE CLINIC
- 16 KOWLOON POLICE MEDICAL POST
- 17 KOWLOON-CANTON RAILWAY STAFF CLINIC
- 18 NGAU TAU KOK MATERNAL & CHILD HEALTH CENTRE
- 19 GOVERNMENT OPHTHALMIC CLINIC-ARRAN STREET

APPENDIX 1

Establishment of the Medical Department as at 31.3.1956

Director of Medical and Health Services	1
Deputy Director of Medical and Health Services	1
Assistant Director of Medical Services	1
Assistant Director of Health Services	1
Senior Medical Officer	1
Senior Health Officer	1
Medical Specialist	1
Surgical Specialist	1
Radiological Specialist	1
Tuberculosis Specialist	1
Dental Specialist	1
Gynaecological and Obstetrical Specialist	1
Social Hygiene Specialist	1
Ophthalmic Specialist	1
Psychiatric Specialist	1
Anaesthetic Specialist	1
Government Pathologist	1
Chief Port Health Officer	1
Malariologist	1
Medical Officers, Assistant Medical Officers, Women Medical Officers, Assistant Women Medical Officers and House Officers	244
Dental Surgeons and Assistant Dental Surgeons	14
Pathologists	3
Radiologists	2
Government Chemist	1
Chemists and Assistant Chemists	5
Principal Matron	1
Nursing Staff	866
Principal Almoner	1
Almoners and Assistant Almoners	23
Executive Officers	8
Clerical Staff	201
Chief Pharmacist, Pharmacists, Dispensers, and Dispensary Super- visors	67
Superintendent Radiographer, Senior Radiographers, Radio- graphers, and Radiographic Assistants	31
Superintendent Physiotherapist, Physiotherapists, and Assistant Physiotherapists	10
Physicist	1
Occupational Therapists	2
Chief Laboratory Technician, Laboratory Technician, and Laboratory Assistants	27
Chief Hospital Secretary and Hospital Secretaries	11
Health Inspectors and Malaria Inspectors	25
Dietitians	2
Public Vaccinators	54
Other Staff	2,128
TOTAL	3,746

APPENDIX 2

Infectious Diseases Notifications and Deaths

1954 and 1955

Disease	No. of Notifications		No. of Deaths	
	1954	1955	1954	1955
Amoebiasis	236	210	6	6
Bacillary Dysentery	535	524	37	37
Cerebro-Spinal Meningitis	14	11	3	3
Chickenpox	233	380	1	4
Cholera	—	—	—	—
Diphtheria	1,104	840	116	71
Enteric fever	1,099	735	83	58
*Malaria	858	431	16	9
Measles	597	543	126	88
Plague	—	—	—	—
Poliomyelitis.....	49	51	9	3
Puerperal fever	8	4	3	1
Rabies—human	—	3	—	3
animal	9	11	9	11
Relapsing fever	—	—	—	—
Scarlet fever	20	45	—	1
Smallpox	—	—	—	—
Tuberculosis	12,508	14,148	2,876	2,810
Typhus	—	4†	—	—
Whooping Cough	130	213	—	1
Yellow fever	—	—	—	—

* Corrected Notifications.

† Non-louse borne.

APPENDIX 3

Composite table to show incidence of Venereal Disease in Hong Kong
and work done by Social Hygiene Sub-department

	1952	1953	1954	1955
New Cases.....	23,565	37,392	36,652	34,853
Total Attendances	149,237	213,091	223,031	203,701
Admissions to Hospital	1,106	741	588	704
Total Syphilis (except Congenital).....	3,216	6,969	6,825	4,232
Primary Syphilis	672	634	393	153
Secondary Syphilis	180	132	54	34
Early Latent Syphilis	882	2,298	2,209	1,044
Late Latent Syphilis	1,275	3,727	3,983	2,853
Congenital Syphilis (under 1 year)	77	44	24	19
Congenital Syphilis (over 1 year)	47	69	93	111
Gonorrhoea	8,546	11,625	10,785	11,309
Chancroid	2,400	2,507	2,365	2,468
Lymphogranuloma Venereum.....	111	208	286	249
Non Venereal Disease	6,596	13,616	14,526	14,788

APPENDIX 4

HEALTH EDUCATION

Health Teaching by Maternal and Child Health Staff

Home visits by Health Nurses 22,487

Group Health Education at Centres:—

<i>Methods Used</i>	<i>No. of Sessions</i>
1. Simple Talks	2,691
2. Group Discussions	1,099
3. Mothercraft training	82
4. Demonstrations	934
5. Film shows	720
6. Flannelgraph teaching	2,864
7. Audience participation classes	121
8. Other methods	210
Total numbers attending	218,896

APPENDIX 5 Number of Hospital Beds in Hong Kong—1955

	Medical	Surgical	Gynaeco- logical	Tuber- culosis	Mental	Mater- nity	Infectious	Observa- tion	Miscel- laneous	Total
Government Hospitals :										
Queen Mary Hospital	207	215	46	73	1	37	—	10	4‡	593
Kowloon Hospital	71	103*	10	—	—	42	7	12	—	245
Mental Hospital	—	—	—	—	140	—	—	—	—	140
Sai Ying Pun Hospital	—	—	—	—	—	—	88	—	—	88
Tsan Yuk Hospital	—	—	—	—	—	200	—	—	—	200
Lai Chi Kok Hospital.....	29	137	14	208	—	—	94	—	—	482
Eastern Maternity Hospital	—	—	—	—	—	24	—	—	—	24
Wanchai Social Hygiene Hospital.	—	—	—	—	—	—	{ 20 4 cots 4 cradles	—	—	28
St. John Hospital	30	8	2	42	—	15	5	—	—	102
Stanley Prison Hospital.....	22	20	—	22	—	—	6	—	—	70
Lai Chi Kok Female Prison Hospital	{ 8 2 cots	—	—	—	—	1	—	—	—	11
	369	483	72	345	141	319	228	22	4	1,983
Grant-In-Aid Hospitals :										
Tung Wah Hospital	195	116	20	134	—	30	—	—	—	495
Tung Wah Eastern Hospital.....	169	60	10	49	—	32	—	—	—	320
Kwong Wah Hospital.....	140	61	25	76	—	138	—	—	—	440
Alice Ho Miu Ling Nethersole Hospital	52	38	43	7	—	70	—	—	46‡	256
The Hongkong Anti-T.B. Associa- tion, Ruttonjee Sanatorium	—	—	—	230	—	—	—	—	—	230
Pok Oi Hospital	33	—	—	—	—	6	—	—	—	39
Hayling Island Leprosarium	—	—	—	—	—	—	{ 150\$ 350	—	—	500
	589	275	98	496	—	276	500	—	46	2,280

APPENDIX 5—Contd.

	Medical	Surgical	Gynaeco-logical	Tuber-culosis	Mental	Mater-nity	Infec-tious	Observa-tion	Miscel-laneous	Total
Private Hospitals:										
Hongkong Sanatorim & Hospital...	175§§	—	—	24	—	34	10	—	—	243
Tai Wo Hospital	12	12	5	6	—	4	1	—	—	40
Precious Blood Hospital	32	6	—	{ 37** 8	—	7**	—	—	—	90
St. Teresa's Hospital	40	8	8	15	—	15	4	—	—	90
St. Francis Hospital	32	24	—	14	—	—	2	—	—	72
St. Paul's Hospital	88	12††	—	30	—	24	—	—	18††	172
The Hongkong Central Hospital ...	29	30	6	18	—	9	4	—	—	96
Ling Yuet Sin Infants' Hospital ...	102	6	—	—	—	15	2	—	—	125
Matilda & War Memorial Hospital.	15	43	8	2	—	12	—	—	—	80
	525	141	27	154	—	120	23	—	18	1,008
Government Hospitals										
Grant-In-Aid Hospitals	369	483	72	345	141	319	228	22	4	1,983
Private Hospitals	589	275	98	496	—	276	500	—	46	2,280
	525	141	27	154	—	120	23	—	18	1,008
GRAND TOTAL	1,483	899	197	995	141	715	751	22	68	5,271

* Including 8 beds for Auxiliary Medical Service training.

† Beds included in the new Casualty wards.

‡ Including 17 Private ward beds (used for either Medical or Surgical as required).

§ 150 beds will be increased by the end of the year 1955.

§§ Including beds for surgical & gynaecological cases.

** Private rooms.

†† Baby wards.

‡‡ Including beds for gynaecological cases.

APPENDIX 6

In-patients treated in Government and Government Assisted Hospitals, 1955
Classified according to International Standard Classification Intermediate List of 150 Causes

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown
A 1	001 - 008	Tuberculosis of respiratory system	1,433	2,923	30	1,110	1,313	612	—
A 2	010	Tuberculosis of meninges and central nervous system.....	133	794	51	518	327	303	—
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands...	30	72	7	30	46	31	—
A 4	012 - 013	Tuberculosis of bones and joints...	130	104	—	4	2	2	—
A 5	014 - 019	Tuberculosis, all other forms	85	145	22	69	80	94	—
A 6	020	Congenital syphilis.....	39	35	1	3	4	3	—
A 7	021	Early Syphilis.....	37	—	—	—	—	—	—
A 8	024	Tabes dorsalis.....	12	11	—	2	2	—	—
A 9	025	General paralysis of insane	96	—	10	—	12	1	—
A 10	022, 023 026 - 029 030 - 035 040 041 - 042	All other syphilis	158	72	7	9	45	8	—
A 11		Gonococcal infections.....	192	—	—	—	—	—	—
A 12		Typhoid fever.....	395	188	20	25	35	23	—
A 13		Paratyphoid fever and other Salmonella infections.....	23	8	1	—	—	1	—
A 14	043	Cholera.....	—	—	—	—	—	—	—
A 15	044	Brucellosis (undulant fever)	1	—	—	—	—	—	—
A 16 (a)	045	Bacillary dysentery	296	14	8	6	17	20	—
(b)	046	Amoebiasis	135	11	3	3	6	—	—
(c)	047, 048	Other unspecified forms of dysentery.....	9	1	—	—	—	—	—
A 17	050	Scarlet fever	16	—	—	—	1	—	—
		Carried forward.....	3,220	4,378	160	1,779	1,890	1,098	—
									2,988

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Total
		<i>Brought forward.....</i>	3,220	4,378	160	1,779	1,890	1,098	2,988
A 18	051	Streptococcal sore throat	7	2	—	—	—	—	—
A 19	052	Erysipelas	1	3	—	1	1	2	3
A 20	053	Septicaemia and pyaemia.....	17	34	13	22	27	14	41
A 21	055	Diphtheria	834	3	60	1	38	33	71
A 22	056	Whooping cough	12	—	—	—	—	1	1
A 23	057	Meningococcal infections	11	2	2	—	2	1	3
A 24	058	Plague	—	—	—	—	—	—	—
A 25	060	Leprosy	39	472	—	4	4	—	4
A 26	061	Tetanus	107	22	64	18	58	30	88
A 27	062	Anthrax	—	—	—	—	—	—	—
A 28	080	Acute poliomyelitis	37	—	3	—	2	1	3
A 29	082	Acute infectious encephalitis	2	—	1	—	—	2	2
A 30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis	16	—	—	—	—	—	—
A 31	084	Smallpox	—	—	—	—	—	—	—
A 32	085	Measles.....	170	11	45	—	48	40	88
A 33	091	Yellow fever	—	—	—	—	—	—	—
A 34	092	Infectious hepatitis	46	—	2	—	6	2	8
A 35	094	Rabies	3	—	3	—	2	1	3
A 36 (a)	100	Louse borne epidemic typhus	—	—	—	—	—	—	—
(b)	101	Flea-borne epidemic typhus (murine)	—	—	—	—	—	—	—
(c)	104	Tick-borne epidemic typhus.....	—	—	—	—	—	—	—
(d)	105	Mite-borne typhus	—	—	—	—	—	—	—
(e)	102, 103 106 - 108	Other and unspecified typhus	4	—	—	—	—	—	—
A 37 (a)	110	Vivax malaria (benign tertian) ...	25	27	—	—	1	1	2
		<i>Carried forward.....</i>	4,551	4,954	353	1,825	2,079	1,226	3,305

APPENDIX 6—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un-known
A 37 (b) (c) (d) (e)	111 112 115 113, 114 116, 117 123.0	<i>Brought forward</i>	4,551	4,954	353	1,825	2,079	1,226	—
		Malariae malaria (quartan)	1	—	—	—	—	—	—
		Falciparum malaria (Malignant tertian).....	41	24	1	2	3	2	—
		Blackwater fever	1	—	—	—	—	—	—
A 38 (a) (b) (c) (d)	113, 114 116, 117 123.0 123.1 123.2 123.3	Other and unspecified forms of malaria.....	15	52	—	1	1	1	—
		Schistosomiasis vesical (S. haematobium)	9	—	1	—	1	—	—
		Schistosomiasis intestinal (S. Mansoni)	—	—	—	—	—	—	—
		Schistosomiasis pulmonary (S. Japonicum)	—	—	—	—	—	—	—
A 39 A 40 (a) (b) (c) (d)	125 127 127 127 127	Other and unspecified schistosomiasis	—	—	—	—	—	—	—
		Hydatid disease	—	—	—	—	—	—	—
		Onchocerciasis.....	—	—	—	—	—	—	—
		Loiasis	—	—	—	—	—	—	—
A 41 A 42 (a)	127 129 126	Filariasis (bancrofti)	—	—	—	—	—	—	—
		Other filariasis	3	—	—	—	—	—	—
		Ankylostomiasis	13	73	1	1	—	2	—
		Tapeworm (infestation) and other cestode infestations	4	2	—	—	—	—	—
(b) (c) (d)	130.0 130.3 124, 128 130.1, 130.2	Ascariasis.....	28	143	—	—	—	—	—
		Guinea Worm (dracunculosis)	—	—	—	—	—	—	—
		Other diseases due to helminths...	11	103	—	—	1	—	—
		Lymphogranuloma venereum	22	—	—	—	—	—	—
A 43 (a)	037	<i>Carried forward</i>	4,699	5,351	356	1,829	2,085	1,231	—
									3,316

APPENDIX 6—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex known	Total
A 43 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m)	038 039 049 071 072 073 087 090 095 096.7 120 121 (a) (b) (c)	<i>Brought forward</i>	4,699	5,351	356	1,829	2,085	1,231	—	3,316
		Granuloma inguinale, venereal.....	2	—	—	—	—	—	—	—
		Other and unspecified venereal diseases	29	—	—	—	—	—	—	—
		Food poisoning infection and intoxication	—	—	—	—	—	—	—	—
		Relapsing fever	—	—	—	—	—	—	—	—
		Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	—	—	—	—
		Yaws	—	—	—	—	—	—	—	—
		Chickenpox	41	6	3	—	2	2	—	4
		Dengue.....	1	—	—	—	—	—	—	—
		Trachoma	—	—	—	—	—	—	—	—
(n) (o) (p)	131 135 036,054,059, 063,064,070, 074,086,088, 089,093, 096.1, 096.6, 096.8, 096.9, 122,132-134, 136-138	Sandfly fever	—	—	—	—	—	—	—	—
		Leishmaniasis	—	—	—	—	—	—	—	—
		Trypanosomiasis gambiensis.....	—	—	—	—	—	—	—	—
		Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—	—
		Other and unspecified trypanosomiasis	—	—	—	—	—	—	—	—
		Dermatophytosis	—	—	—	—	—	—	—	—
		Scabies.....	2	—	—	—	—	—	—	—
		All other diseases classified as infective and parasitic	90	26	2	3	4	4	—	8
		<i>Carried forward</i>	4,864	5,383	361	1,832	2,091	1,237	—	3,328

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un- known
A 44	140 - 148	<i>Brought forward</i>	4,864	5,383	361	1,832	2,091	1,237	—
A 45	150	Malignant neoplasm of buccal cavity and pharynx	108	169	7	91	111	65	—
A 46	151	Malignant neoplasm of oesophagus	29	29	4	11	19	11	—
A 47	152,153	Malignant neoplasm of stomach ...	68	229	15	65	86	64	—
A 48	154	Malignant neoplasm of intestine, except rectum	40	53	7	25	26	31	—
A 49	161	Malignant neoplasm of rectum ...	32	61	2	16	15	14	—
A 50	162,163	Malignant neoplasm of larynx Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	14	7	3	2	9	5	—
A 51	170	Malignant neoplasm of breast	68	59	22	28	60	37	—
A 52	171	Malignant neoplasm of cervic uteri	94	147	3	28	1	67	—
A 53	172 - 174	Malignant neoplasm of other and unspecified parts of uterus	190	243	6	75	—	114	—
A 54	177	Malignant neoplasm of prostate ...	56	72	8	2	—	37	—
A 55	190, 191	Malignant neoplasm of skin	5	2	—	2	3	—	—
A 56	196, 197	Malignant neoplasm of bone and connective tissue	9	20	1	4	2	4	—
A 57	155 - 160 164, 165, 175, 176, 178 - 181, 192 - 195 198 - 199	Malignant neoplasm of all other and unspecified sites	41	41	3	8	13	5	—
A 58	204	Leukaemia and aleukaemia	203	290	73	181	242	149	—
		<i>Carried forward</i>	41	8	19	3	20	8	—
			5,862	6,813	534	2,373	2,698	1,848	—
									28
									4,546

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		Total
							Male	Female	
A 59	200 - 203 205	<i>Brought forward.....</i> Lymphosarcoma and other neoplasms of lymphatic and haema topoietic system.....	5,862	6,813	534	2,373	2,698	1,848	4,546
A 60	210 - 239	Benign neoplasms and neoplasms of unspecified nature.....	28	6	11	1	14	3	17
A 61	250, 251	Nontoxic goiter	445	272	7	6	9	11	20
A 62	252	Tyrototoxicosis with or without goiter	89	8	—	—	—	—	—
A 63	260	Diabetes mellitus	147	35	3	—	1	7	8
A 64 (a)	280	Beriberi	81	77	1	10	12	12	24
(b)	281	Pellagra	32	131	1	16	23	9	32
(c)	282	Scurvy	—	—	—	—	—	1	1
(d)	283 - 286	Other deficiency states	—	—	—	—	—	—	—
A 65 (a)	290	Pernicious and other hyperchromic anaemias	43	279	3	13	13	3	16
(b)	291	Iron deficiency anaemias (hypochromic)	—	—	—	—	2	3	5
(c)	292, 293	Other specified and unspecified anaemias	17	6	—	2	2	1	3
A 66 (a)	241	Asthma	97	200	8	1	6	7	13
(b)	240	All other allergic disorders, endocrine, metabolic and blood diseases	69	379	4	24	38	29	67
	242 - 245 253, 254 270 - 277 287 - 289 294 - 299		235	74	16	12	14	14	28
		<i>Carried forward.....</i>	7,145	8,280	588	2,458	2,832	1,948	4,780

APPENDIX 6—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known
		<i>Brought forward.....</i>							
A 67	300 - 309	Psychoses.....	7,145	8,280	588	2,458	2,832	1,948	—
A 68	310 - 324	Psychoneuroses and disorders of personality	885	—	13*	—	2	—	—
A 69	326	Mental deficiency	211	20	—	2	2	—	2
A 70	325	Vascular lesions affecting central nervous system	54	—	—	—	—	—	—
	330 - 334	Nonmeningococcal meningitis	141	556	101	355	369	265	634
A 71	340	Multiple sclerosis	27	8	14	5	12	18	30
A 72	345	Epilepsy	—	—	—	—	—	—	—
A 73	353	Inflammatory diseases of eye	72	34	1	3	4	2	6
A 74	370 - 379	Cataract	33	3	—	—	—	—	—
A 75	385	Glaucoma.....	184	102	—	—	—	—	—
A 76	387	Otitis externa	41	8	—	—	—	—	—
A 77 (a)	390	Otitis media and mastoiditis	7	2	—	—	—	—	—
(b)	391 - 393	Other inflammatory diseases of ear	37	16	1	6	4	8	12
(c)	394	All other disease and Conditions of eye	4	3	—	—	—	—	—
A 78 (a)	380 - 384		88	76	—	—	—	—	—
	386, 388								
	389								
		<i>Carried forward.....</i>	8,929	9,108	718	2,829	3,225	2,241	5,466

* Among these, 2 died of A1—Tuberculosis of respiratory system.

1 died of A64(a)—Beriberi.

1 died of A71—Nonmeningococcal meningitis.

2 died of A81—Arteriosclerotic & egenerative heart disease.

1 died of A82—Other diseases of heart.

1 died of A90—Bronchopneumonia.

2 died of A91—Primary atypical, other and unspecified pneumonia.

1 died of A109—Chronic, other and unspecified nephritis.

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			Total
							Male	Female	Sex Un- known	
(b)	341 - 344	<i>Brought forward.....</i> All other diseases of the nervous system and sense organs	8,929	9,108	718	2,829	3,225	2,241	—	5,466
	350 - 352		153	111	13	13	19	19	—	38
	354 - 357									
	360 - 369									
	395 - 398									
A 79	400 - 402	Rheumatic fever.....	34	—	—	—	7	3	—	10
A 80	410 - 416	Chronic rheumatic heart disease...	269	433	19	86	110	146	—	256
A 81	420 - 422	Arteriosclerotic and egenerative heart disease	28	492	18	142	277	226	—	503
A 82	430 - 434	Other diseases of heart.....	152	518	24	56	79	64	—	143
A 83	440 - 443	Hypertension with heart diseases..	114	270	16	64	110	76	—	186
A 84	444 - 447	Hypertension without mention of heart	31	91	10	13	38	25	—	63
A 85	450 - 456	Diseases of arteries	95	48	8	13	90	39	—	129
A 86	460 - 468	Other diseases of circulatory system	187	529	5	2	3	4	—	7
A 87	470 - 475	Acute upper respiratory infections	343	318	3	3	5	1	—	6
A 88	480 - 483	Influenza	76	187	—	1	6	1	—	7
A 89	490	Lobar Pneumonia	124	894	7	142	272	152	—	424
A 90	491	Bronchopneumonia.....	390	3,880	149	1,853	1,604	1,711	—	3,315
A 91	492, 493	Primary atypical, other and unspecified pneumonia	55	451	4	77	45	37	—	82
A 92	500	Acute bronchitis.....	166	146	1	3	145	113	—	258
A 93	501, 502	Bronchitis, chronic and unqualified	53	547	1	30	70	60	—	130
A 94	510	Hypertrophy of tonsils and adenoids	312	187	—	1	1	—	—	1
A 95	518, 521	Empyema and abscess of lung ...	69	54	6	2	17	12	—	29
		<i>Carried forward.....</i>	11,580	18,264	1,002	5,330	6,123	4,930	—	11,053

APPENDIX 6—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un-known	Total
A 96	519	<i>Brought forward</i>	11,580	18,264	1,002	5,330	6,123	4,930	—	11,053
A 97 (a)	523	Pleurisy	38	133	1	6	48	26	—	74
A 97 (b)	511 - 517 520 - 522 524 - 527	Pneumoconiosis	—	—	—	—	—	—	—	—
A 98 (a)	530	All other respiratory diseases	389	159	16	15	55	52	—	107
A 98 (b)	531 - 535	Dental Caries.....	10	2	—	—	—	—	—	—
A 99	540	All other diseases of teeth and supporting structures.....	169	25	—	—	—	—	—	—
A 100	541	Ulcer of Stomach	279	626	8	80	99	22	—	121
A 101	543	Ulcer of duodenum	281	97	10	9	24	12	—	36
A 102	550 - 553	Gastritis and duodenitis	40	465	—	2	5	3	—	8
A 103	560, 561, 570	Appendicitis	765	411	1	8	8	8	—	16
A 104 (a)	571.0	Intestinal obstruction and hernia.	483	233	11	17	36	16	—	52
(b)	571.1	Gastro-enteritis and colitis, between 4 weeks and 2 years...	334	906	55	1,113	934	948	—	1,882
(c)	572	Gastro-enteritis and colitis, ages 2 years and over	285	2,446	16	310	186	142	—	328
A 105	581	Chronic enteritis and ulcerative colitis	10	179	—	37	34	20	—	54
A 106	584 - 585	Cirrhosis of liver	172	283	28	87	138	38	—	176
A 107	536 - 539 542, 544 545	Cholelithiasis and cholecystitis.....	146	101	5	13	12	8	—	20
	573 - 580 582 - 583 586, 587	Other diseases of digestive system	728	699	64	20	86	44	—	130
		<i>Carried forward</i>	15,709	25,029	1,217	7,047	7,788	6,269	—	14,057

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Sex Un- known
A 108	590	<i>Brought forward.....</i>	15,709	25,029	1,217	7,047	7,788	6,269	—
A 109	591 - 594	Acute nephritis	38	287	1	25	25	25	—
		Chronic, other and unspecified nephritis	135	554	28	140	192	155	—
A 110	600	Infections of kidney	25	28	1	5	12	3	—
A 111	602, 604	Calculi of urinary system.....	191	97	1	1	3	7	—
A 112	610	Hyperplasia of prostate	13	2	1	—	2	—	—
A 113	620, 621	Diseases of breast	48	13	—	—	—	—	—
A 114(a)	613	Hydrocele	63	88	—	—	—	—	—
(b)	634	Disorders of menstruation	66	106	—	—	—	—	—
(c)	601, 603	All other diseases of the genito-urinary system	1,094	1,577	7	8	10	10	—
	605 - 609								20
	611, 612								
	614 - 617								
	622 - 633								
	635 - 637								
A 115	640 - 641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium	15	7	1	3	—	4	—
A 116	642, 652	Toxaemias of pregnancy and the puerperium	477	211	5	39	—	53	—
A 117	685, 686 643, 644	Haemorrhage of pregnancy and childbirth.....	342	325	5	23	—	31	—
A 118	670 - 672 650	Abortion without mention of sepsis or toxæmia	474	1,769	—	2	—	2	—
A 119	651	Abortion with sepsis	5	58	—	—	—	1	—
		<i>Carried forward.....</i>	18,695	30,151	1,267	7,293	8,032	6,560	—
									14,592

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Whole Colony Sex Un- known
A 120 (a)	645 - 649 673 - 680 683	<i>Brought forward.....</i> Other complications of pregnancy, childbirth and the puerperium ...	18,695	30,151	1,267	7,293	8,032	6,560	—
(b)	687 - 689 660		3,698	2,143	6	8	—	16	—
A 121	690 - 698	Delivery without complication.....	11,496	27,838	—	—	—	—	—
A 122	720 - 725	Infections of skin and subcutaneous tissue	481	427	6	18	14	14	—
A 123	726, 727	Arthritis and spondylitis	82	224	—	4	7	2	—
A 124	730	Muscular rheumatism and rheumatism, unspecified	13	92	—	—	—	1	—
A 125	737	Osteomyelitis and periostitis	42	67	—	2	1	1	—
A 126 (a)	745 - 749 715	Ankylosis and acquired musculoskeletal deformities	40	2	—	—	—	—	—
(b)	700 - 714 716	Chronic ulcer of skin (including tropical ulcer).....	26	224	—	1	1	—	—
(c)	731 - 736 738 - 744	All other diseases of skin.....	353	247	4	3	3	4	—
A 127	751	All other diseases of musculoskeletal system	184	34	—	1	—	1	—
A 128	754	Spina bifida and meningocele	8	2	1	1	—	2	—
A 129	750, 752 753	Congenital malformations of circulatory system	61	8	18	1	17	5	—
A 130	755 - 759	All other congenital malformations	184	156	27	47	62	41	—
A 131	760, 761 762	Birth injuries	44	4	26	4	18	16	—
		Postnatal asphyxia and atelectasis	171	124	24	110	148	111	—
		<i>Carried forward.....</i>	35,578	61,743	1,379	7,493	8,303	6,774	—
									15,077

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955			Deaths 1955		Deaths 1955			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			Total	
							Male	Female	Sex Un- known		
A 132(a)	764	<i>Brought forward.....</i>	35,578	61,743	1,379	7,493	8,303	6,774	—	15,077	
		Diarrhoea of newborn	28	185	2	90	54	58	—	112	
(b)	765	(under 4 weeks).....	7	—	—	—	—	—	—	—	
(c)	763, 766-768	Ophthalmia neonatorum.....	43	289	14	161	167	120	—	287	
A 133	770	Other infections of newborn	20	21	18	15	50	24	—	74	
A 134	769, 771, 772	Haemolytic disease of newborn ...	236	120	39	46	75	84	—	159	
		All other defined diseases of early infancy.....	385	572	110	438	499	419	—	918	
A 135	773 - 776	Ill-defined diseases peculiar to early infancy	2	268	—	107	114	202	—	316	
A 136	794	Senility without mention of Psychosis	92	105	—	—	—	—	—	—	
A 137(a)	788.8	Pyrexia of unknown origin	296	677	—	—	—	—	—	—	
(b)	793	Observation, without need for further medical care	192	141	9	26	643	525	11	1,179	
(c)	780 - 787	All other ill-defined causes of morbidity.....									
	788.1 - 788.7										
	788.9										
	789 - 792										
	795										
		Total.....	36,879	64,121	1,571	8,376	9,905	8,206	11	18,122	

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			
							Male	Female	Sex Un- known	Total
AE 138	E810 - E835	<i>Brought forward.....</i>	36,879	64,121	1,571	8,376	9,905	8,206	11	18,122
AE 139	E800 - E802	Motor Vehicle Accidents	728	1	61	—	107	32	—	139
	E840 - E866	Other transport accidents.....	153	—	11	—	27	10	—	37
AE 140	E870 - E895	Accidental poisoning	140	2	12	—	19	9	—	28
AE 141	E900 - E904	Accidental falls	1,082	15	67	1	62	39	—	101
AE 142	E912	Accident caused by Machinery ...	116	1	—	—	1	—	—	1
AE 143	E916	Accident caused by fire and explosion of combustible material	101	—	14	—	29	38	—	67
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	254	26	28	—	19	13	—	32
AE 145	E919	Accident caused by firearms	3	—	—	—	1	—	—	1
AE 146	E929	Accidental drowning and submersion	4	—	—	—	129	32	—	161
AE 147										
(a)	E920	Foreign body entering eye and adnexa	4	1	—	—	—	—	—	—
(b)	E923	Foreign body entering other orifice	91	8	4	—	3	1	—	4
(c)	E927	Accidents caused by bites and stings of venomous animals and insects	20	2	—	—	—	—	—	—
		<i>Carried forward.....</i>	39,575	64,177	1,768	8,377	10,302	8,380	11	18,693

APPENDIX 6—Contd.

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		Total
							Male	Female	
(d) (e)	E928	<i>Brought forward.....</i>	39,575	64,177	1,768	8,377	10,302	8,380	11 18,693
	E910, E911, E913-E915, E921-E922, E924-E926, E930 - E965	Other accidents caused by animals All other accidental causes	7 583	3 27	— 25	— —	— 60	— 32	— 92
AE 148	E970 - E979	Suicide and self-inflicted injury ...	346	—	58	—	166	96	— 262
AE 149	E980 - E985	Homicide and injury purposely inflicted by other persons (not in war)	317	—	15	—	26	7	— 33
AE 150	E990 - E999	Injury resulting from operations of war	—	—	—	—	—	—	—
		GRAND TOTAL.....	40,828	64,207	1,866	8,377	10,554	8,515	11 19,080

APPENDIX 6—Contd.

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1955		Deaths 1955		Deaths 1955		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown
AN 138	N800 - N804	Fracture of skull	322	—	40	—	31	15	—
AN 139	N805 - N809	Fracture of spine and trunk	228	3	13	1	6	8	—
AN 140	N810 - N829	Fracture of limbs	907	15	7	—	8	4	—
AN 141	N830 - N839	Dislocation without fracture	42	1	—	—	—	—	—
AN 142	N840 - N848	Sprains and strains of joints and adjacent muscle	11	4	—	—	—	—	—
AN 143	N850 - N856	Head injury (excluding fracture)...	704	2	108	—	149	55	—
AN 144	N860 - N869	Internal injury of chest, abdomen and pelvis	101	1	31	—	91	37	—
AN 145	N870 - N908	Laceration and open wounds	611	11	3	—	6	2	—
AN 146	N910 - N929	Superficial injury, contusion and crushing with intact skin surface	169	6	1	—	—	1	—
AN 147	N930 - N936	Effects of foreign body entering through orifice	84	12	5	—	4	1	—
AN 148	N940 - N949	Burns	327	26	43	—	43	49	—
AN 149	N960 - N979	Effects of poisons	387	2	35	—	56	43	—
AN 150	N950 - N959	All other and unspecified effects	56	3	9	—	255	94	—
	N980 - N999	of external causes							
		GRAND TOTAL.....	3,949	86	295	1	649	309	—
									958

APPENDIX 7

**In-patients admitted into Government, Government Assisted and
Private Hospitals, 1955 including cases remaining in
hospitals from the previous year**

NAME	Beds	General Cases	In- fectious Cases	Tuber- culosis Cases	Mater- nity Cases	Mental Cases	Total
Government Hospitals :							
Queen Mary.....	593	9,378	86	621	2,428	3	12,516
Kowloon	245	6,599	109	108	2,917	19	9,752
Sai Ying Pun	88	286	1,051	36	—	—	1,373
Tsan Yuk.....	200	749	—	—	7,082	—	7,831
Mental	140	—	—	—	—	1,200	1,200
Stanley Prison	70	521	88	175	—	18	802
Eastern Maternity	24	103	—	—	2,852	—	2,955
Wanchai Social Hygiene	28	238	491	—	—	—	729
Lai Chi Kok	482	102	829	646	—	—	1,577
St. John	102	1,345	29	163	417	—	1,954
Lai Chi Kōk Female Prison	11	99	7	22	6	5	139
TOTAL.....	1,983	19,420	2,690	1,771	15,702	1,245	40,828
Government Assisted Hospitals :							
Tung Wah Group	1,255	23,578	183	3,250	27,356	—	54,367
Alice Ho Miu Ling Nethersole	256	4,618	64	103	2,046	—	6,831
Ruttonjee Sanatorium	230	4	—	685	—	—	689
Pok Oi	39	1,268	—	—	580	—	1,848
Hayling Island Leprosarium	500	—	472	—	—	—	472
TOTAL.....	2,280	29,468	719	4,038	29,982	—	64,207
Private Hospitals :							
Tai Wo.....	40	1,116	18	29	30	—	1,193
St. Paul	172	1,185	275	879	624	—	2,963
Ling Yuet Sin Infants'	125	259	2	4	152	—	417
Precious Blood	90	2,112	69	172	176	—	2,529
Hong Kong Sanatorium	243	4,344	136	324	1,243	84	6,131
St. Francis	72	1,254	—	4	—	—	1,258
St. Teresa's	90	1,645	120	130	311	—	2,206
Hong Kong Central	96	2,397	53	222	158	—	2,830
Matilda and War Memorial.....	80	989	—	6	111	—	1,106
TOTAL.....	1,008	15,301	673	1,770	2,805	84	20,633
GRAND TOTAL	5,271	64,189	4,082	7,579	48,489	1,329	125,668

APPENDIX 8 Out-patients — 1955

Total Attendances at Government and Government Assisted Hospitals, Clinics and Dispensaries

INSTITUTIONS	Dress-ings	General Out-patients	Chil-dren's Clinics	Ante-natal	Post-natal	Gynaeco-logical	Social Hygiene	Eye	Ear, Nose & Throat	Tuber-culosis	Mental	Total
HOSPITALS :												
Queen Mary	7,462	18,824	—	2,962	420	4,999	—	5	188	148	—	35,008
Kowloon.....	274,357	170,394	7,572	14,673	390	3,172	—	23,930	5,816	—	—	500,304
Tsai Yuk	9,474	—	12,425	31,101	2,233	—	—	—	—	—	—	55,233
St. John.....	6,993	27,013	22,722	793	—	59	—	1,482	—	—	—	59,062
Stanley Prison	8,679	32,437	—	—	—	—	2,105	—	—	1,976	—	45,197
L. C. K. Female Prison.....	—	4,956	—	—	—	—	—	—	—	—	—	4,956
Mental	—	—	—	—	—	—	—	—	—	—	2,387	2,387
CLINICS & DISPENSARIES:												
Sai Ying Pun	38,381	100,964	78,943	4,936	155	4,892	—	{ (a) 1,783 (b) 10,100 }	1,618	—	—	241,772
Violet Peel.....	156,093	101,490	86,039	—	—	—	—	{ 14,025 * 1,508 }	2,320	—	—	359,967
Wanchai Chest Clinic.....	—	—	—	—	—	—	—	—	—	178,092	—	* 1,508
Kowloon Chest Clinic.....	—	—	—	—	—	—	—	—	—	163,928	—	178,092
Social Hygiene Clinics	—	—	—	—	—	—	203,701	—	—	163,928	—	163,928
10 Public Dispensaries	—	—	—	—	—	—	—	—	—	—	—	203,701
Hong Kong & Kowloon.	97,710	208,114	306,446	12,688	770	7,365	—	306	490	2,712	—	636,601
14 New Territories Disps...	66,480	143,192	1,671	13,558	—	—	3,374	6,332	—	8,037	—	242,644
Families Clinic, Hong Kong	—	7,102	—	—	—	—	—	—	—	—	—	7,102
H. K. Police Med. Post ...	3,729	9,221	13,577	306	—	249	73	592	682	32	—	28,461
Kow. Police Med. Post ...	1,991	9,728	21,683	399	6	1,005	189	1,138	1,823	267	—	38,229
Victoria Remand Prison...	2,190	44,100	—	—	—	—	296	361	224	82	—	47,253
Port Health	—	1,825	—	—	—	—	—	—	—	—	—	1,825
K. C. R. Clinic	89	1,040	1,067	—	—	—	—	—	—	—	—	2,196
Govt. Ophthalmic Clinic	—	—	—	—	—	—	—	2,524	—	—	—	2,524
Arran Street	—	—	—	—	—	—	—	—	—	—	—	—
HEALTH CENTRES :												
Western	—	—	—	2,048	526	—	—	—	—	—	—	2,574
Kowloon.....	—	—	—	4,290	683	—	—	—	—	—	—	4,973
Harcourt	—	—	—	3,034	514	—	—	—	—	—	—	3,548
Total of Government Institutions	673,628	880,400	552,145	90,788	5,697	21,741	209,738	64,086	13,161	355,274	2,387	2,869,045
Tung Wah Group of Hosps.	29,818	177,057	94,575	17,276	—	3,145	—	33,701	—	15,593	—	371,165
Alice Ho Miu Ling	—	—	—	—	—	—	—	—	—	—	—	—
Nethersole Hospital.....	224	17,978	7,952	10,579	1,233	20,730	—	—	—	—	—	58,696
Ruttonjee Sanatorium.....	—	—	—	—	—	—	—	—	—	6,875	—	6,875
Pok Oi Hospital	—	53,005	—	2,303	2,022	418	—	—	—	—	—	57,748
GRAND TOTAL.....	703,670	1,128,440	654,672	120,946	8,952	46,034	209,738	97,787	13,161	377,742	2,387	3,363,529

(a) Patients seen in Government Eye Clinics. (b) Patients seen in Hong Kong University Eye Clinic.
* Government Servants & dependants seen by Government Ophthalmologist.

APPENDIX 9

Out-patients — 1955 New Cases at Government and Government Assisted Hospitals, Clinics and Dispensaries

INSTITUTIONS	Dress-ings	General Out-patients	Children's Clinics	Ante-natal	Post-natal	Gynaeco-logical	Social Hygiene	Eye	Ear, Nose & Throat	Tuber-culosis	Mental	Total
HOSPITALS :												
Queen Mary	7,462	13,429	—	693	—	1,341	—	5	207	148	—	23,285
Kowloon.....	274,357	144,755	7,527	2,448	390	1,544	—	10,976	2,042	—	—	444,039
Tsan Yuk	3,204	—	3,622	7,300	1,596	—	—	—	—	—	—	15,722
St. John.....	5,984	21,953	18,860	361	—	51	—	802	—	—	—	48,011
Stanley Prison	3,533	14,902	—	—	—	—	732	—	—	403	—	19,570
L. C. K. Female Prison...	—	4,956	—	—	—	—	—	—	—	—	—	4,956
Mental	—	—	—	—	—	—	—	—	—	—	583	583
CLINIC & DISPENSARIES :												
Sai Ying Pun	4,709	64,650	61,345	1,559	151	2,175	—	(a) 1,095	467	—	—	138,654
Violet Peel.....	84,652	68,327	57,655	—	—	—	—	(b) 2,503	852	—	{	218,578
Wanchai Chest Clinic	—	—	—	—	—	—	—	* 541	—	20,641	—	541
Kowloon Chest Clinic.....	—	—	—	—	—	—	—	—	—	17,148	—	20,641
Social Hygiene Clinics	—	—	—	—	—	—	34,853	—	—	—	—	17,148
10 Public Dispensaries	—	—	—	—	—	—	—	—	—	—	—	34,853
Hong Kong & Kowloon.	36,978	122,762	241,047	5,281	736	3,406	—	214	382	105	—	410,911
14 New Territories Disps....	22,907	107,468	495	4,574	—	—	649	3,165	—	1,779	—	141,037
Families Clinic, HongKong	—	342	—	—	—	—	—	—	—	—	—	342
H. K. Police Med. Post....	1,891	6,679	9,095	257	—	177	29	374	395	13	—	18,910
Kow. Police Med. Post ...	636	7,171	14,811	367	5	426	51	604	928	133	—	25,132
Victoria Remand Prison...	918	12,899	—	—	—	—	79	164	132	60	—	14,252
Port Health	—	1,497	—	—	—	—	—	—	—	—	—	1,497
K. C. R. Clinic	73	958	1,050	—	—	—	—	—	—	—	—	2,081
Govt. Ophthalmic Clinic	—	—	—	—	—	—	—	1,307	—	—	—	1,307
Arran Street.....	—	—	—	—	—	—	—	—	—	—	—	—
HEALTH CENTRES :												
Western	—	—	—	297	430	—	—	—	—	—	—	727
Kowloon.....	—	—	—	692	229	—	—	—	—	—	—	921
Harcourt	—	—	—	770	388	—	—	—	—	—	—	1,158
Total of Government Institutions	447,304	592,748	415,507	24,599	3,925	9,120	36,393	28,842	5,405	40,430	583	1,604,856
Tung Wah Group of Hosps.	11,028	78,363	42,123	15,538	—	1,841	—	13,563	—	1,828	—	164,284
Alice Ho Miu Ling	—	—	—	—	—	—	—	—	—	—	—	—
Nethersole Hospital	—	6,288	1,915	2,414	1,233	5,722	—	—	—	—	—	17,572
Pok Oi Hospital	—	41,301	—	773	610	230	—	—	—	—	—	42,914
GRAND TOTAL.....	458,332	718,700	459,545	43,324	5,768	16,913	36,393	42,405	5,405	42,258	583	1,829,626

(a) Patients seen in Government Eye Clinics. (b) Patients seen in Hong Kong University Eye Clinic.
 * Government Servants and dependants seen by Government Ophthalmologist.

APPENDIX 10

Attendances at Public Dispensaries (Hong Kong & Kowloon) — 1955

Public Dispensaries	Out-Patients				Deliveries		Vaccina- tions	Inocula- tions
	Children		Adults		In-pa- tients	Dom- iciliary		
	New Cases	Total Atten- dances	New Cases	Total Atten- dances				
Central	20,493	32,967	10,502	20,592	—	—	6,735	3,625
Eastern	20,187	23,279	12,939	22,252	—	—	12,309	1,764
Shaukiwan	46,508	54,688	21,932	42,944	—	520	8,085	2,947
Aberdeen	12,626	14,016	6,301	12,922	—	447	3,877	2,758
Shamshuipo.....	—	—	39,974	105,022	—	591	14,186	—
Yaumati	11,273	19,451	6,794	13,690	—	231	8,998	2,621
Hung Hom	18,218	18,730	9,898	13,037	—	—	4,956	1,265
Stanley.....	1,744	2,507	2,822	8,252	271	2	2,289	1,426
Li Kee Memorial...	57,708	68,094	29,394	44,847	—	1,127	21,379	8,565
Mongkok	52,290	72,714	29,308	46,597	—	—	—	—
TOTAL.....	241,047	306,446	169,864	330,155	271	2,918	82,814	24,971

APPENDIX 11

Attendances at Medical Centres — New Territories, 1955

Dispensaries	Out-patients		Deliveries	
	New Cases	Total Attendances	In-patients	Domiciliary
Tai Po	27,825	46,909	1,109	5
Ho Tung	1,611	3,985	551	69
Sha Tau Kok	3,348	5,940	267	22
Yuen Long	19,726	35,228	1,460	17
San Hui	3,533	7,662	491	77
Sai Kung	12,306	16,723	280	67
Sha Tin.....	3,403	7,390	257	8
Tai O	25,741	42,953	383	—
Silver Mine Bay	3,750	7,234	64	2
Peng Chau	3,981	4,718	—	—
Travelling Dispensary (East)...	9,377	11,931	—	—
Travelling Dispensary (West)...	1,012	5,949	—	—
Maurine Grantham Health Centre	22,269	39,633	1,161	25
Tai Lam Chung	3,155	6,389	—	—
TOTAL.....	141,037	242,644	6,023	292

APPENDIX 12

A Summary of the work done at the Hong Kong and Kowloon Public Mortuaries, 1955

Total No. of Post-mortem Examinations performed during the year	4,121
No. of male bodies examined	2,544
No. of female bodies examined	1,565
Sex unknown owing to decomposition	12
No. of claimed bodies sent from hospital, etc.	1,288
No. of unclaimed bodies, mostly abandoned	2,833
No. of bodies cremated	532
No. of Chinese bodies examined	4,101
No. of non-Chinese bodies examined	20
No. of Medico-Legal Cases	650

	<i>Male</i>	<i>Female</i>	<i>Total</i>
No. of bodies under 2 years of age	1,067	941	2,008
No. of bodies over 2 years of age	1,476	625	2,101

No. of bodies received from the following sources:—

Hong Kong Mortuary:

Victoria District	502
Shaukiwan District	111
Infant Hospitals	25
Other Hospitals	206
Marine Police Station	114
Cheung Chau Police Station	24
Tai O Police Station	4
	<hr/>
	986
	<hr/>

APPENDIX 12—Contd.

Kowloon Mortuary:

Water Police Station	6
Tsim Sha Tsui (Land) Police Station	12
Yaumati Police Station	101
Mongkok „ „	69
Shamshuipo „ „	363
Kowloon City „ „	385
Hung Hom „ „	65
Tsuen Wan „ „	64
Castle Peak „ „	16
Ping Shan „ „	56
Lak Ma Chau „ „	9
Pat Heung „ „	10
Sheung Shui „ „	29
Takuling „ „	5
Sha Tau Kok „ „	8
Tai Po „ „	68
Sha Tin „ „	5
Sai Kung „ „	2
Tai O „ „	2
Cheung Chau „ „	1
Maurine Grantham Health Centre, N.T.	10
St. Andrew's Mat. Home	1
Hospitals, etc.	1,848
	3,135

No. of rats caught and brought to mortuaries	260,992
No. of rats examined	260,992
No. of rats' spleen smears taken for examination	16,500
No. of rats infected with plague	Nil.

